THE LANCET.

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ADVERTISEMENT.

At the commencement of a new medical year, the usual courtesy observed in periodical publications requires that we should preface the Fifth Volume of The Lancet with some preliminary observations; but the great exertions which we have this week made for the gratification and instruction of our Readers leave us very little space for a compliance with this ceremonial. The appeal to public *patronage*, which is commonly made on such occasions, is a species of cant which we disclaim; for we know that active and independent literary exertion must be followed by a corresponding demand for any work on which it may be employed. From the commencement of our labours, we have relied only on a zealous, vigilant, and uncompromising discharge of our duty, as Medical Journalists; and the extent of our circulation affords the strongest proof that the pledges which we gave to the Public have been fully redeemed.

The Surgical Lectures of Sir Astley Cooper have been completed; and it is with sincere regret we announce, though they derive an additional value from the circumstance, that the Course of Lectures, as published in The Lancet, is the last that distinguished ornament of his profession will ever deliver. Twelve of those Lectures (the Course consists of seventy-six) have been just published by Mr. Tyrrell, at the price of half a guinea; and as the invaluable principles they contain cannot, we think, be too extensively diffused, we should have approved of all but the price of this publication, if it had not been

accompanied by an act of literary dishonesty. That part of Mr. Tyrrell's volume, which really consists of Sir Astley Cooper's last Course of Lectures, is copied, paragraph for paragraph, and phrase for phrase, from The Lancet. This was, perhaps, inevitable, unless his title-page had been altogether a fraud upon his readers; nor should we have objected to it, if Mr. Tyrrell had not had the singular effrontery, not only to conceal the source from which his fragment of the Lectures is derived, but actually to represent himself, in his preface, as the veritable 'Simon Pure,' and to declare that his is the only correct and authentic copy. Now this is too much; it is too ludicrous to see Mr. Tyrrell alternately figuring as a Hole and Corner Surgeon, and as a humble * transcriber of the pages of The Lancet: at one time striving, by all the contemptible artifices which we have so frequently exposed, to *put down* The Lancet: and at another meekly sitting with our volume before him, coolly appropriating our labours, even servilely adopting our phraseology, where it differs from that of Sir Astley Cooper; and finally, with unexampled intrepidity, declaring that his is the only correct copy, for the sake of adding a little to the enormous profits which he already extracts from the pockets of the students. But more of this hereafter; our space at present confines us to a very brief notice of what has been effected by The Lancet during the first year of its existence.

We have effected the correction of what was denominated by Sir A. Cooper an *infamous practice*, which had for years prevailed in the Borough Hospitals, and of which, in his *unpublished* Lectures, he had for years ineffectually complained. In a few days after the *publication* of the Lecture containing Sir A. Cooper's indignant complaint, it was publicly announced by that Hon. Baronet, "That the venereal wards of Guy's Hospital would be opened under new and improved re-

* So faithfully and humbly has Mr. Tyrrell transcribed our pages in the book, which this conscientious person asserts to be the only authentic and correct copy of Sir Astley's Lectures, that we will next week entertain our readers with an instance in which he has been caught in the snare of his own cupidity. He has actually transcribed a passage of considerable length, which, from a circumstance which we will hereafter explain, Sir Astley Cooper *never uttered*.

gulations, and that the infamous practice of ruining the health, and destroying the lives of patients by wanton salivations, would be no longer a part of the system." If this had been the only abuse which our exertions had corrected, THE LANCET would not have existed in vain.

We have effected the dismissal, or resignation, (*même chose,*) of medical officers, filling public situations, the duties of which they were incompetent to discharge, and whose places have been supplied by able and efficient successors.

We have successfully resisted an attempt on the part of the three surgeons of St. Thomas's Hospital to gag the Medical Press, and to introduce what we have designated by a term, which is now familiar to the Profession and to the Public, a system of "hole and corner" surgery within the walls of that Institution. We have successfully resisted an attempt to establish the principle, that the sufferings of the patients in public hospitals are the private property of the Surgeons, and that men who are paid for performing a public duty, and who derive enormous incidental profits from their appointment, in the sums which they levy upon Medical students, have a right to conceal from the public the manner in which that duty is discharged.

We have effected some modification of the recent law of the College of Surgeons, the effect of which law is to destroy all competition between surgical teachers, and to oppose insuperable obstacles to the advancement of medical science, and we will never cease to hold up the conduct of that benighted body to the contempt of the profession until we shall have effected its repeal.

One of the objects of which THE LANCET has never lost sight, has been to protect the interests of Medical Students, the future guardians of the public health, and, let us hope, the future vindicators of medical science from all that at present depresses and degrades it. We have unceasingly animadverted on the enormous expenses which they are compelled to incur, and the gross inattention of their nominal instruc-

tors. We have endeavoured, if possible, to protect the pockets of the students against extortion, or if that object, as the hospitals are at present constituted, be unattainable, at least to obtain for them something like an equivalent in chirurgical and medical instruction. We are glad to be able to announce that in this respect our efforts have not been altogether unattended with success. By a regulation which has been this week adopted at the Hospitals in the Borough, Clinical Lectures both in Medicine and Surgery, are to be delivered weekly at St. Thomas's and Guy's; the surgeons, in passing through the wards, will be required to make observations to the students, in an audible voice, upon every case of importance; consultations as to the propriety or impropriety of operations, are to take place in the operating theatre, in the presence of the assembled students; and the surgeons will be further required to make remarks in the theatre on any important circumstances which may arise in the performance of operations. It is but justice to Sir Astley Cooper to observe that, as far as he is personally concerned, his practice has always been conformable to the regulations which are to be henceforth imperative on the other surgeons.

INTRODUCTORY SURGICAL AND MEDICAL LECTURES DELIVERED IN LONDON IN THE MONTH OF OCTOBER 1824.

MR. ABERNETHY.

Theatre, St. Bartholomew's Hospital.

Monday evening, October 4.

At seven o'clock Mr. ABERNETHY entered the theatre, and proceeded to address a very numerous and highly respectable class to the following effect:

I shall begin these surgical lectures by observing that surgery and medicine are essentially, what the French Republic was declared to be, "one and indivisible;" custom, however, has separated them into two parts, and I have now to speak of those diseases of which surgeons undertake the management. These are, for the most part, external injuries, such as are the result of accident, or such as require operations; but you will find that these external diseases often arise from constitutional causes, and where a disease arises from the state of the general health, you must remove the cause before you can cure it. Again, when they arise from accident, you will find that local disease will disturb the whole constitution; consequently, if I were to begin to speak of local disease, in the first instance, I should be perpetually adverting to the general system, and it will be better therefore that I should first direct your attention to the nature of the constitutional affections which are produced, or which may be produced by local diseases. These constitutional affections having been previously considered, the subject of local diseases will be rendered simple, and a great deal of repetition will thus be saved. I may truly affirm that this view of the subject was never clearly set forth until the time of Mr. HUNTER; he was the first surgeon who treated of the constitutional symptoms produced by local disease, and no one who pretends to study surgery should omit reading, and endeavouring to understand, his work on this subject; I allude to the Treatise on the Blood, Inflammation, and Gunshot Wounds.

I begin with this proposition, ¶ Local disease, injury or irritation may affect the whole system, and induce general disorder,—characterised, however, by more especial disturbance of some parts of the system.

Thus, local disease, injury, or irritation may induce, as its immediate consequence, pain, sickness, swooning, rigors, shivering, convulsions, delirium, or disturbed state of mind, tetanus, or it may occasion various febrile affections. Now, though I think we must consider the first set of symptoms, namely the nervous ones, as the more immediate effects of local irritation on the system, still it will be most convenient to consider the febrile affections in the first instance. These febrile affections are some of an inflammatory character, some of a more chronic kind, and some attended with great debility; they are, in short, fevers exactly like those which Dr. CULLEN has described under the heads of Synocha, Synochus, and Typhus, and no physician can distinguish them from those which occur without any external local injury. I remember the time when physicians were rather wroth that a surgeon should attempt to describe any fever at

all; they were inclined to say, "What do you know of fever? this is general inflammation which you meet with;" but I will venture to assert that the fevers produced by local disease are the very identical fevers which physicians meet with where there is no external injury. This is a very curious circumstance, and very illustrative of medical science, as you will find hereafter; but I will not at present dwell upon it, but proceed to the description of these febrile affections. Mr. HUNTER, to distinguish and appropriate them as objects of surgery, calls them symptomatic fevers, and he first treats of

The Symptomatic Inflammatory Fever.

Now, I always wish you to examine the subject for yourselves; do not pin your faith on any thing which I, or any body else, shall say; you should be, *Nullius addicti jurare in verba magistri.* Examine all things for yourselves, and I will lead you to do so, by stating such facts and circumstances, as may furnish you with data for the exercise of your own reason and judgment. I will suppose, that a healthy subject—which I do not think is to be found in London (a laugh)—has met with a compound fracture of the leg. When the limb has been set, and the patient is tolerably quiet, if you examine him, you will find that he is unwell, and that he has, in short, the disease of which I am about to give a description. There will be an unusual excitement of the whole system, characterised by the following circumstances; first, with regard to the sanguiferous system, you will find that the pulse is increased in all its attributes; it is more strong, more full, more firm, and more frequent than usual. With respect to the secerning system, which is so closely connected with the sanguiferous system, you will find that the secretions are diminished; the urine is scanty and high coloured, the skin is dry and rather hot, the tongue is dry and white, the bowels have a tendency to costiveness; in short, it seems, that all the secretions are diminished. With respect to the nervous system, it is evidently excited; the man is vigilant; he does not sleep, or if he forgets himself, and dozes for a short time, he wakes suddenly in agitation and alarm; he has a sort of consciousness of strength, the pupils of his eyes are contracted, and there are, in short, all the symptoms indicating an excited state of the nervous system. In taking a physiological view of disease, it is necessary to consider the principal organs of the human body, and to show the effect of disease upon them severally and conjointly. With respect to the absorbent system, I have nothing to observe as to its being affected under these circumstances; but there is a system appertaining to the human body, which may be termed the respiratory system, which partakes of the general constitutional disorder. The disorder of the stomach and bowels is indicated by a white and dry tongue, defective appetite, thirst; if there be any disposition to take food, it is of the vegetable kind, and acids.

With respect, however, to this disordered state of the digestive organs, I shall treat it as a separate and distinct subject; and I shall now proceed to advert to the varieties of the sympathetic inflammatory fever. I should have observed, however, that if blood be taken from the patient it will not

be in its ordinary state; it coagulates more slowly than usual, the crassamentum is pale on the surface, buff-coloured and cupped; it has the character in short of inflammatory blood. If vital parts are injured, you will not find the same bold action in the sanguiferous system, the pulse is not so full and strong, but it is more frequent, and seems, as it were, oppressed. The nervous system is more disturbed when vital organs are affected; when the patient is bled, you will find the blood strongly inflammatory, and the pulse seems to rise upon bleeding. This is the only variety of sympathetic inflammatory fever which I need particularly notice; and having given you the description of the symptoms, I shall proceed to what, in the language of the schools, is termed the *ratio symptomatum*, or the explanation of the nature of what they are pleased to call the symptoms. But, hang it,* I need not trouble you with this; the symptoms explain themselves; they are the natural consequences of the excitement of the heart and arteries, and the disturbed state of the digestive organs. I may go at once then to the treatment. Treatment! there is no treatment. The disease is the necessary and natural consequence of the injury; it must inevitably take place; you may mitigate, but you cannot cure it. What must you do then to mitigate the affection of the sanguiferous system which is called fever? It is evident that there is too much action; you must try to lessen it then; how? Why, by taking away blood. Blood is the natural excitement of the heart and arteries, and if you diminish the blood, you diminish the excitement. But in taking away blood you rob the patient of a vital fluid; consider what you are about; recollect that you cannot cure the disease, and take care that the course you adopt may be calculated to mitigate it. I will still put the case of a man with a compound fracture, where considerable constitutional vigour is necessary for the reparation of the injury. Do not take away his blood, which is his life, for you may find, after a certain time, that he will stand in need of every degree of vital energy to recover from the injury. I have seen a patient bled, and bled, and two or three days after the medical man has been glad to throw in the bark, and try every means, when it was too late, to give strength and vigour to the constitution of the patient. Your only warrant for bleeding is, that the action of the fever may perchance induce greater debility than the loss of blood. Action wears out strength, and if by lessening action you can save strength in a greater degree than it will be im-

* We should perhaps apologise to the distinguished lecturer for the minute fidelity with which we have adhered to his peculiarities of diction; these peculiarities are, however, characteristic, and while they may recall to the student, and convey to the public, a more vivid idea of the *manner* in which Mr. ABERNETHY conveys oral instruction, they do not in any degree affect the sterling value of the *matter*. That we may not be misunderstood, however, on this point, we must observe, with regard to Mr. ABERNETHY's sustained compositions, and we allude, more especially, to his physiological works, that we know of no medical writer whose style is so distinguished for its purity and elegance. In this respect, the contrast between Mr. ABERNETHY and his illustrious master, JOHN HUNTER, is as great as the intellectual resemblance between them is striking in more important particulars.

paired by the loss of blood, then you are warranted in bleeding. The fever so uniformly subsides on a discharge taking place from the injured part, (that is, in three or four days, when suppuration is established,) that it was long known by the name of the suppurative fever. That the sympathetic fever, however, arising from local injury is not essential to suppuration has been shown by Mr. HUNTER; and indeed it is so self-evident, that I need not dwell on the point. If I were to say every thing that might be said on every subject which arises, I should weary my audience extremely, and I therefore confine myself to those points which appear to me to be of moment. As the fever subsides spontaneously on the third or fourth day, when suppuration takes place, avoid bleeding the patient, if possible. Give him diluent drinks and acids, such as lemonade, &c., for which he has a desire. It is quite right that a person who has met with a bad accident should have his bowels cleared out in the first place, for the accumulation of fæces in a state of confinement would of itself be enough to bring on a sort of fever. The bowels should be kept gently lax; nothing is more tranquilising to the system, and it is itself a mode of depletion, for, by promoting the secretions, you lessen the plentitude of the blood-vessels. This is a fact which those who have not studied anatomy and physiology cannot be so thoroughly acquainted with as those who have; purging is depletion, and lessens the plenitude of the blood-vessels without inducing the same degree of weakness as bleeding. Inducing general perspiration has the same effect by promoting secretion from the superficial vessels of the body. I hold it to be an axiom in the treatment of all diseases, that we should endeavour to put to rights what is wrong. Deficiency or paucity of the secretions is wrong, and we put that to rights by bringing the secretions up to the ordinary standard. With this view, antimony may be given in small doses to restore the general perspiration, and in some degree to deplete at the same time the sanguiferous system. In short, give your patient vegetable food, with toast and water, and other diluent drinks; keep his bowels gently lax; and administer saline medicines, with small doses of antimony. I will add a word or two to prevent any surprise which may be felt at the observations I have made with respect to bleeding. It may be said that patients are sometimes bled, and bled largely, and that this profuse bleeding appears to do them good. Undoubtedly there are cases in which we are obliged to bleed most profusely, but this is not on account of the fever, but the cause which produces it. If a man has been shot through the body—if an internal and vital organ is injured and inflammation comes on in that organ—the pulse will not be so full and strong, but it will be very frequent, and on bleeding the patient, the blood will be found cupped and highly inflammatory. The pulse will rise on bleeding, and the patient will be in some degree relieved; the inflammatory symptoms, however, will return, and you bleed him again and again, until you diminish the inflammation of the vital organ. In such cases, the patient can only be saved by the most resolute conduct on the part of the surgeon, in pursuing a mode of treatment, which would otherwise appear most outrageous. You must either let the inflammation of a vital organ kill the patient, or

run the hazard of killing him yourself with the lancet. In such a case, a surgeon is justified in adopting the latter alternative; it is, in fact, his duty to say, "I will rather be the executioner myself than suffer the disease to kill the patient." It is only by the most determined conduct, that the inflammation of a vital organ can be subdued. We do not, however, bleed here for fever, but for the inflammation, which if suffered to continue, will injure irrecoverably, an organ essential to life. It is really very curious to know how a patient may be bled under such circumstances. I have lived in London all my life, and am very chary of taking patients' blood, but still if some were to see how I would bleed a person having inflammation of a vital organ, they would wonder how the same person could act so differently from his ordinary practice. In such cases, you should bleed the patient, upright, till he faint; put a stop to all action of the heart and arteries for a time, and when this is renewed, bleed him again till he faint; open veins in both arms, nay, open more vessels if necessary, for it is by such resolute conduct alone that you can save the patient. Taking a little blood morning, noon, and night, in the horizontal position, will never do in inflammation of a vital organ; you must subdue all vascular action, by the determined course which I have described to you. The inflammatory state of the blood will be your warrant for bleeding, and when you have taken as much blood as you dare from the general system, you should still apply leeches and counter-irritants. If I were to pursue this subject, however, I should deviate from the main object of this Lecture, which is to treat of sympathetic fever. Let us keep to the same case of the patient with the compound fracture:—at the end of three or four days, when the wound begins to discharge, how different is the state of this man. When suppuration is fairly established, what is the state of his pulse? It is indeed more frequent than natural, but it is neither hard, nor strong, nor full. What is the state of his secretions? his skin is moist, and is apt to break out in sweats from slight causes, such as taking food; after sleeping also, he wakes in a perspiration. What is the state of his urine? it is more copious, and sometimes even pale. What is the state of his tongue? it is moist and clean. What is the state of his bowels? there is no longer any tendency to costiveness. What is the state of his nervous system? he is languid, disposed to sleep, and appears conscious of weakness. What shall we say of this man? It is evident that he is not well, but we cannot presume to define the nature of his illness; it is the natural result of local irritation on the system. All these symptoms may be increased in degree, and they will then assume the character of

Hectic Fever.

There will be a frequent pulse without strength or hardness; morning and evening sweats, such as are described in the Nosology of CULLEN, who has, I believe, taken his description from pulmonary hectic. The lax state of the bowels will be increased to copious purging, and as the patient gets weaker and weaker, you will observe that hard, odd state of the skin, which, to use the expression of Mr. HUNTER, looks as if the blood had forsaken

it. There is an increased degree of languor, disposition to sleep, and consciousness of weakness. The digestion is imperfectly carried on, and the appetite of the patient declines. Medical men differ as to the nature of this disease; some say that it is hectic fever, others that it is not, and distinctions have been taken between rapid and slow hectic, and I know not what. For my own part, I think it is one and the same fever with that which physicians call hectic, and that it is the natural consequence of the irritation of local disease on the system. I state to you what appears to me to be the simple and real nature of the disease, and you must judge from your own observation whether I am right or wrong. Mr. HUNTER has given some reasons, (and all Mr. HUNTER's reasons deserve attention), in support of the opinion that the quantity of hectic fever is proportionate to the importance of the organ in the animal economy, and the want of power, for the reparation of the injury. Thus there is more fever in disease of a vital organ than in disease of parts which are of less consequence. So also it will be proportionate to the want of power in the part for repairing the injury; joints, for instance, which have little restorative power, are more likely to produce hectic fever. I have an additional observation to make: it may be well conceived that there is a very exact correspondence between the importance of the local affection, and the disturbance of the constitution induced by it; but if you look at surgery extensively, it would seem that either the state of the general health will determine the peculiarities of the local disease, or the peculiarities of the local disease will induce corresponding peculiarities in the constitutional disorder. Both of these propositions are probably true. Why local disease produces inflammatory fever; why, during the inflammatory stage, the secretions are locked up, but the moment a discharge takes place from the wound they are renewed, and though irritation is kept up, it is of a very different kind, you will see as you go on, and I shall not therefore dwell upon these points at present. Mr. HUNTER says there is a greater feeling of weakness than the actual weakness warrants. Parts, for instance, which seem extremely weak, are nevertheless capable of repairing wounds made by the amputation of a limb. Many a man, labouring under a great degree of hectic, and appearing excessively weak, has been completely relieved by the removal of a limb, and the large wound made by the amputation has healed kindly. There is a greater consciousness of weakness, therefore, than the actual deficiency of strength warrants. I will go on to speak of what is called the treatment of this fever. It is the necessary consequence of the excitement of the local malady, and if you change that, you will change the fever. What are the indications set down? It is said that you should support the strength of the patient. Aye, unquestionably, you must support his strength, for his constitution is getting weaker and weaker, in consequence of the undue action kept up by the irritation of the local disease. And how are you to support his strength? by giving him bark?—this used to be the opinion, but I believe bark is less relied upon now, and for my own part I know of no mode of increasing the strength of the patient,

but by increasing his powers of digestion. To me it appears that all strength arises from power of digestion, and if bark increases the power of digestion, then give it. You are not, however, to *throw in* the bark, as the phrase has been; there is a paper published in the Medical Transactions by Dr. HERBERDEN and Sir EVERARD HOME, in which they state that they have never seen the bark do any good in hectic fever, unless it has been accompanied by a wound. There are wounds in which the bark is known to be an effectual remedy for a certain morbid condition of them. The bark should be given with a view of increasing the tone of the stomach, and ought not in general to be relied upon as a remedy. Tonics and cordials cannot be given in inflammatory fever without augmenting all the symptoms, but in the fever of which I am now speaking they may be given in moderation with advantage. They are, indeed, necessary on account of the state of the stomach, and may be given without producing any aggravation of the febrile action. The bowels should be kept regular; the management of the stomach and bowels, however, I shall reserve as a separate subject. With respect to the disturbed state of the nervous system which obtains in this fever, a question arises whether you may give opium to mitigate it. The answer is, Certainly; it will not do in inflammatory fever, but in hectic, where excited action is connected with irritation, opium may be given to lull that irritation, and diminish the susceptibility of the nervous system. If ever you give opium for this purpose, pay attention to the mode of administering it; nothing is more absurd than to give a night dose of opium, which stupifies the patient and makes him sleep at night, but renders him more miserable and agitated in the day. If opium be given to diminish the susceptibility of the nervous system in the constitutional affections arising from local disease, it should be administered regularly, in adequate doses, every six or every four hours, so that its effect may be kept up, and no intermission be suffered to take place in its sedative influence. It is necessary, at all times, in giving opium to attend to the state of the bowels, so that costiveness may not be induced.

Sympathetic Irritative Fever.

Still keeping to the case of compound fracture, I shall now suppose that it has gone on badly; that the wound has discharged very profusely, so that in dressing it in the morning you are obliged to sponge up the matter; that it appears flaccid and flabby; that there are no granulations; and that every thing, in short, indicates a want of energy in the constitution to repair the mischief. The patient gets weaker and weaker, but still the surgeon cherishes a hope that a favourable change may take place, when on a sudden the discharge from the wound which has been so profuse ceases altogether, or at least very little discharge remains. The wound becomes dry on the surface, and an inflammation is set up about it, which is called erisypelas; I do not think that it should be so called, but for want of a better name, we will call it erysipelatous inflammation. Corresponding with this change in the local affection is an equally important change in the state of the constitutional malady. The pulse becomes strong and firm again, there is a burning sensation in the skin, and occasionally con-

siderable perspiration; the urine is again scanty and high coloured; the tongue dry and covered with a brown fur; and there is great excitement of the nervous system, indicated by wandering of the mind, agitation, delirium, picking of the bed-clothes, and subsultus tendinum. This class of symptoms is one of the general effects of local injury, and Mr. HUNTER calls them symptoms of dissolution. I do not exactly understand his meaning; if he means that these are symptoms indicating that the patient is likely to die, this may be granted; they cannot be said to be certain symptoms of approaching dissolution, for patients sometimes recover from them. The disease is as like typhus as possible, and I will undertake to say that if the most skilful physician were taken to the bed-side of a patient labouring under this affliction from a compound fracture, and were asked, when he had felt his pulse, what was the matter with him, he would be unable to distinguish it from typhus fever. You may call it, therefore, if you please, the sympathetic typhoid fever. I am inclined to call it the sympathetic irritative fever, for great irritation with diminished power of the constitution is its essential characteristic. You will see this kind of fever sometimes occur in the first instance; thus in the opening of lumbar abscesses there will be restlessness, delirium, brown tongue, and all the symptoms of typhus, preceding the hectic fever. With respect to the treatment of this fever, I must again observe that I know of none; it is the necessary consequence of the state of the local disease, and if you alter that, you will alter the constitutional symptoms; without this you can do nothing. You cannot cure, you can only mitigate the disease. With this view, attention should of course be paid to the regulation of the bowels of the patient. Cordials should be given, and any medicines which may impart strength to the patient; opium should be administered to lull the general irritation, and mitigate the severity of the excitement which the local malady imparts to the system. In inflammatory fever, if the cause were removed on a sudden, it is not likely, though there is no proof of this, that the disease would cease. In hectic or habitual fever, which is a teasing excitement of the general system, from the operation of the local affection, if you remove the cause, the fever will generally cease. I have seen a patient far gone in hectic, who had no appetite, no sleep, from the pain of local disease, and who was exceedingly reduced; yet when his limb has been amputated, and he has been laid in bed, egad! he would sleep like a person who had long been without rest; when he awoke, it would be only to eat; and when he had eaten, he would go to sleep again. The sympathetic irritative fever more resembles the inflammatory fever; for though you remove the cause, the effect will not cease; and when the limb has been amputated, the irritation will still continue. I have seen this happen when surgeons have ventured to amputate in cases where, unfortunately, the operation has been delayed too long. I will mention to you a case which occurred in this hospital. A man had an inch of his tibia fairly knocked out, and the bone was exposed, so that you might put your finger into it. The limb was laid straight, and kept steady. The wound inflamed, and at length

granulations began to shoot up from the ends of the bone. There appeared to be every probability that in a few days these granulations would touch and inosculate with each other, when, hang it, just at this juncture the man was seized with a violent fit of purging. The consequence was, that in the course of a night all the granulations disappeared. Still hopes were entertained; the bark was given, and the surgeon who attended him forbore to remove the limb, though there were decided symptoms of the incompetence of the constitution to repair the injury. The third state of the wound took place; it became dry; there was a tendency to slough on the surface; nay, it did slough, and an erisypelatous inflammation was set up around it. The man was delirious; day after day elapsed, and the sloughing continued, when, as I was going through the square of the hospital one afternoon, in the summer time, a dresser came to me and said "for God's sake come up, there is a man bleeding to death." The sloughing had caused hæmorrhage; a vast quantity of blood surrounded the limb; the man lay like a corpse on the bed, and no pulsation could be felt. Hartshorn had been applied to his nostrils without effect, but I said, "fetch me the amputating instruments; if the man is dead, there will be no harm in taking off his leg; and if not, there is no hartshorn like the cut of a knife." I took off the man's limb; the warming pan was then passed over him, burnt feathers and hartshorn were applied to his nostrils, and he began to breathe a little. He was totally unconscious of any operation having been performed; a circumstance which I have witnessed three times in the course of my life. The symptoms of irritative fever continued after the operation, but gradually subsided. Three or four days after the amputation the stump was examined; it was of a greenish aspect, and looked exactly as if it had been made from a dead body in the dissecting room. This man did well, and I remember the fellow a sturdy beggar in the outskirts of London many years after. I mention this case to illustrate the principle I have laid down, that the symptoms of sympathetic irritative fever, differing in this respect from those of hectic, do not immediately subside, though the cause of them is removed.

I shall conclude what I have to say on the subject of sympathetic fever in the next lecture.

MR. CHARLES BELL.

Theatre of Anatomy and Surgery, Great Windmill-street, Tuesday, Oct. 5.

At six o'clock Mr. Bell entered this theatre, where a very numerous and respectable class of students had for a considerable period awaited his arrival. Mr. Bell commenced his address with some admirable remarks on the duties of a surgeon, and on the highly important and responsible functions which he has to discharge; these however we think it prudent not to publish, as an accident prevented Mr. Bell from completing the Lecture, and we should lament giving to the public any imperfect performance of this perfect surgeon. The loss experienced by the profession, from the omission thus occasioned, shall only be for a time, as we will seize the first opportunity to supply the deficiency.

MR. GUTHRIE.

Westminster Infirmary, Warwick-street.

Monday Evening, Oct. 4.

We are assembled, Gentlemen, on the present occasion, and at the commencement of the season, to investigate the nature of, and to extend our inquiries into that branch of the healing art called Surgery.

Surgery is treated of both as an *art* and as a *science*, and it is essential that you should become acquainted with it under these two-fold circumstances. The definition of an art is, that it is a manner of proceeding which requires little or no exertion of the head, and is easily conducted by different persons on the same principle. For instance, a carpenter may make a chair or a table, and although he may do it very well, he could soon inform another of the mode of doing it. One part, then, of surgery may be considered as an art, as for example, the application of bandages, splints, &c., for they require little exercise of science. What portion of science is required for the setting of a limb? This is certainly more of art than science, yet some men are so defective of this necessary qualification, that they cannot put in a pin, or tie a knot. These it may be said are trivial circumstances, and are to be acquired by practice.

Surgery is also to be considered as a science, and means a certain something which is constantly changing, which is not founded on fixed principles, or if it be fixed at one time, requires alteration or amendment, and sometimes to be totally changed.

Man, on whom we act in a surgical point of view, is the being on whom we exercise our art. But, in order to practise surgery with effect, it is necessary to understand its principles; and, to understand these, it is necessary that we should have a thorough acquaintance with the human form. Necessary as anatomy is, yet you should have a tolerably minute acquaintance with the manner in which the parts constituting the whole of the fabric are brought into action, and also of the functions performed, and these comprise the knowledge of physiology. Now to know these two correctly, to any great extent, it is necessary to study the human body under a great variety of circumstances. You should view it first as an organized body, but deprived of life, such as it is when brought under the knife of the anatomist. This is the most correct way of knowing it; you learn not only the composition and shape of the different structures, but you learn also the relation in which they are placed the one to the other. It is the foundation of the whole study into which we are about to engage; and should be considered as the flambeau to lead us in the correct path to the scientific practice of surgery, and to fame and preferment in the profession. It may be learnt in a variety of ways, but the only way in which you can learn it perfectly, is by dissection. Much may be learnt by books, by plates, and by preparations, but you will never in this way become good surgeons. Because however richly plates may be coloured, or however neatly preparations may be filled up, yet you want that connexion, that relative position, so essential to the discharge of your duties as a surgeon.

Anatomy may be learnt to a greater or less extent, but it should be studied in the fullest and most comprehensive manner that our circumstances will admit. You

must attend to more than the mere lecture; you must follow the lecturer into the minutest structure of the body. But this is impossible, if you are only one, or two, and if not very attentive, even three seasons in town; and therefore I should advise those so circumstanced to attend to the minute parts as much as in their power, but principally to attend to all those parts more usually brought under our notice in a surgical view. I might, for example, say that the bones should be properly understood, but the minute knowledge of all their processes is comparatively of little consequence, as compared with the knowledge of the various processes giving attachment to the numerous ligaments by which one bone is joined to another, and which in fact form the joints. I would not say that it was essential that a man, as a surgeon, should be intimately acquainted with all the processes of the sphenoid bone, yet as a matter of science it should be understood.

In studying the bones, always have reference to the uses to which that study may afterwards be put. The ligaments and muscles should be well studied, but more particularly the ligaments. It is not the origin and insertion of a muscle alone that is of importance, but to know the parts in connexion with it, and its action. The precise point of the origin of a muscle may be forgotten, but I do not think you would forget its action. I am sure this has been the case with myself: whilst engaged in active duties abroad as well as at home, I have not been able to recollect the processes from which a muscle has arisen, but I have never forgotten its action. It is not the relative position of one muscle to the other, but the vessels and nerves which pass in absolute contact, or near to them, that should occupy principally the attention. I would briefly recapitulate then, that it is the immediate connexion of parts, their relative position to each other, and the importance of each part to the whole, that should be duly considered in the study of anatomy, and, in my opinion, will always point out the superiority of dissection over diagrams and books. You must recollect, however, that there is no part of anatomy absolutely independent of the other. From what I have already said, you must be convinced, that it would be unnecessary to adduce any further arguments to show the necessity of studying anatomy thoroughly, to make a successful or scientific practitioner.

Next to the knowledge of structure, a knowledge of office must be ranked. It is the influence of the living principle acting on organized matter that produces certain actions, denominated functions. To preserve a due equilibrium, to regulate the excess or diminution of these functions, is also the effort of the same principle; and to be able to appreciate these changes, and notice any deviation from the natural standard, includes the doctrine of physiology.

Physiology is the most beautiful and interesting of sciences; by it you will be able to trace actions from their commencement to their termination. It is necessary to understand the laws of the animal economy, which preserve the body in a state of health, before we can understand the nature of disease. Unless you know the natural structure of a part, it is of little use to put a preparation before you in a diseased state, because you are incapable of distinguishing

between them. *Morbid preparations* are therefore of considerable value, after your preliminary studies have been fairly gone into. To extend your knowledge in this department, you will find that *experiments* on the lower orders of animals will be very useful; but this will not be the case until several years of close study have been passed, or that you will be able to estimate these experiments correctly.

The two first points on which I particularly insisted are of so much importance, that I shall dwell upon them by an example. Within the last nine weeks, a case of dislocation of the shoulder came under my notice, which had existed about two months before I saw it; the woman had been under the care of two surgeons in the city, men of respectable practice, who had not detected the nature of the accident. The consequence was, that these gentlemen suffered materially in their characters from the abuse which this person levelled against them. Cases of such professional ignorance are frequently brought before the judicial notice of the country; but these very *defects* are somewhat *dependent on the legislature itself*, which does not afford facilities for the purposes of dissection. The difficulties attendant on this pursuit may, however, be removed by perseverance and by money. I have introduced this case to show the great necessity which exists for the surgeon to become practically acquainted with anatomy and physiology. Diseases not cognizant to the eye, or to the touch, may admit of an ignorant unskilful treatment without detection; but from the readiness with which a deficiency in surgical knowledge may be detected, it becomes essentially incumbent on every candidate for distinction in the science of surgery, to carry his credentials with him. A man cannot adopt a wrong treatment in dislocation, aneurism, fracture, or gunshot wounds, without laying himself open to observation; but, in a concealed disease, men may go far from the path of science and of safety, without being made amenable to public justice.

Surgery is considered, by some persons, to be the management of that art and science by which we take upon ourselves the treatment of external disease, in opposition to *physic*, which takes cognizance of internal complaints. This, however, is an artificial distinction; it is a distinction unknown in nature, foreign to her principles, and incapable of being preserved by those who have extensive opportunities of practising the profession. In a large town, the surgeon, the physician, the apothecary, and the professor of midwifery, may be got together, and it may be said, that a union of scientific men is desirable in cases of doubt and obscurity. But if the argument could be supported a moment for the separation of these branches of one and the same science, there is nothing to prevent a still further separation of disease, even to infinity. And, consequently, we have aurists, oculists, dentists, poxists, and lithotomists, all laying claim to professional distinction, and to public patronage. No one of these particular practices, however, has been much improved by men who have exclusively performed them. Oculists alone have done little for the advancement of science, and so of the others. It was not until they were thrown open to the profession that any essential improvements took place.

It is necessary for a man to possess some observation to profit by the opportunities which are placed within his reach; and I should say, that no more observation was necessary, in either of these cases, than a man should possess to qualify himself for the office of a surgeon. There is no part of the body which can be considered but as a part of the whole; each part is a small system within a large system, the one acting and again reacting on the other; subject to the same general laws, and benefited by the same general treatment. It is thus that the general practitioner, when he has sufficient opportunities for observation, is the person best qualified to apply the treatment adapted to one part of the body to the treatment of the other parts.

The practice of surgery can never be separated from the practice of physic. If the surgeon is to take charge of accidents, let us consider a common example. In the cure of a simple fracture of the leg, is nothing further necessary than the mere mechanical coaptation of the parts? Is the bone like a piece of timber, unconnected with a living structure? Then a carpenter could replace it as well as a surgeon. But it is a part of a living body, and reacts upon the system, and requires constitutional as well as local treatment; the physician, therefore, will be necessary, at every visit, to afford the requisite relief. But if the *surgeon* is to be any other than the mere drudge, or the mere artist, he must first learn the principles, and he must then continually *engage in the practice of physic.*

A good surgeon is generally a good physician; but you seldom find a physician to be a good surgeon. The reason is plain: they neglect those very opportunities which can alone make them so. I should say then, in describing the professional education of a scientific surgeon, that he should begin his course in the apothecary's shop, and acquire there the history, the knowledge of the appearances, and of the purposes of medicine; that he should learn there also that system of operative chemistry by which he may become acquainted with the mode of uniting one medicine with another; with the manner of avoiding incongruous mixtures; and to prescribe upon fixed and determinate principles. He should then proceed to anatomy, and that man will arrive at the most successful practice, and reap the greatest fame in his profession, who is practically acquainted with these requisites. As I have given you an instance of a deficiency on this point, on the part of a surgeon, I will now give you as striking a proof of ignorance on the part of a physician. Some time ago, I was called to see a patient who was attended by a physician, and a physician of great eminence too, who arrived at the possession of more public confidence, probably, than any one man ever will again possess, but who is since dead.

The gentleman had a paralytic affection of the lower extremities, depending, as the physician said, on rheumatic inflammation. I said it did not depend on this cause, but on a disease of the lumbar vertebræ; he said no, for if that were the case, there would be a projection of the spine. He was not anatomist, or surgeon, enough to know, that the spinous processes of the lumbar vertebræ, from being perpendicular, do not project. But this was not much to be wondered at, for he had never attended a

course of surgical lectures in his life, although he was a *fellow of the Royal College of Physicians.* The same thing may happen in surgery, if a man do not know the practice of physic. An occurrence of a similar kind once happened to myself, from which I have taken a lesson that I frequently apply, when addressing you; and I pronounce that man devoid of candour and justice, who, when he has committed an error, would not turn round and acknowledge it, for the benefit of himself, and as a caution to others.

I have now pointed out to you, gentlemen, in a summary way, such points as are necessary for you to attend to, upon entering into the profession; and in addition to your having obtained these qualifications, it is necessary that you should have the opportunity of seeing diseases; and these can only be seen in an hospital, because you, as young men, would not be able to see, or perhaps permitted to see, the various forms of disease in private practice. It is the advantage of these institutions, not only to maintain the afflicted poor, but also to become the schools in which young practitioners are to obtain a knowledge of disease. And I say, to the supporters of these institutions, that they become, in this way, repaid for their expense and their trouble, because they may themselves require the exhibition of that science which they have indirectly protected.

In attending the hospitals, I would not recommend you to run round the wards and say, that you have attended for a year, and then get a certificate, and, perhaps, pass your examination at the college; nor would I recommend you to go round with one surgeon invariably, but see the practice of each. Now there are many roads leading to the same point; and although one man may treat a patient differently from another, and perhaps succeed, that is no reason why either treatment should be bad. But you should ask yourselves, when you see the surgeon prescribe for his patient, or adopt a particular treatment, with what object is this done, and what is the point to be gained by it? And if you find one surgeon more communicative than another, you might ask him, with propriety, what his reasons were, for treating the case in this or that particular way.

It is not only amongst the in-patients of the hospital that you witness the treatment of the surgeon, but you have abundant opportunity for observation in the out-patients. You will find such class of patients approach nearer in their diseases to the cases which you will meet with when engaged in practice. And I can assure you, that I feel frequently more puzzled in the treatment of these cases, than of others of much more importance. I can tell how to cure an aneurism; how to amputate a limb, or how to cut for the stone; but I am frequently very much at a loss how to cure an irritable bladder, or a stricture, or perhaps a sore leg.

In attending to these different classes of patients, do so punctually; there is nothing like punctuality in the treatment of disease, or in observing the effects of remedies. If you see a man on a Monday morning, and do not see him again until the Monday following, you lose many opportunities of watching the changes which may take place; and, perhaps, form very incorrect opinions of the treatment

which has been adopted. If you attend to this, you may learn a great deal in a year, or even in six months; but I repeat, that however well you may understand the treatment of one person, and say I shall not go to see this or that accident, for I know what he will do; yet you will find yourself altogether at a loss, when you are placed in similar circumstances, and have the whole responsibility of the case on your own shoulders. The way to *think* is essentially different from the way to *learn*. There are many points, which, from want of opportunity, you may never become acquainted with practically; yet, by attention to other cases, you may, probably, learn much that will become useful to you when brought into a combination of difficulties.

With regard to reading, gentlemen, I should say, that the best thing you can do, is to subscribe to some medical circulating library, and get such books as are recommended to you; and at the close of the season, you will be better able to judge of such as will be most advantageous to you, and then take the opportunity of purchasing them.

I wish to make no invidious remarks on the manner in which hospital practice is carried on, or to be considered as alluding to the one with which I am connected; but I think there is a deficiency of opportunity for attending to the diseases of one organ in these institutions, and I refer to the *Eye*. Perhaps it may be in some degree owing to the existence of prejudice on the part of the public, in favour of men who formerly made diseases of the eye exclusively their study; or it may be erroneously supposed by them, that they would not receive such particular attention as is generally paid to other diseases. As this is the case, I should advise you to attend one of the charities set apart more particularly for this object, in order to make yourselves acquainted with the diseases to which the eye is subject, and their cure.

You may imagine, that there is nothing in the organ which you may not learn in a few days, or by a little reading, or by looking at a few plates; but come and see them, and you will be convinced that there is a greater variety of diseases than you at first supposed. But, at the same time, opthalmic surgery is a science with which you may become soon acquainted, if you take the proper method. The organ is before you, you can see the disease, you can notice its delicate changes, and you will soon become acquainted with them. It is now more than eight years since I have lectured in this institution, and I have never met with any one who regretted having attended to these diseases, whether they have gone to the East or West Indies, to the north or to the south; and you may be sure that you will never repent having done so. I give the lectures on the eye, not by any means to separate them from other lectures, but merely that the diseases spoken of may receive more attention than they would do in a general course, and that they may be better understood and more concentrated in the bosom of the profession generally; and I hope, before I die, that I shall not hear such a term as oculist in the kingdom. I have also to add, that I have the fault of being very punctual; it may be a fault, but it may be traced to the influence of early habits. I deliver the lectures here on the diseases alluded

to, on three days in the week, at the hour preceding the reception of the patients. Gentlemen, I shall now take my leave of you for this evening, and hope you will be inspired with zeal to pursue, and with determination to persevere in the pursuit of so noble and interesting a science.

Mr. GUTHRIE observed, that he had that evening received a communication from the Medical and Clerical Life Association, requesting permission to hang up their regulations in the Lecture Room; but that he had returned an answer, that he thought it would be much more desirable if they could devise a society for the benefit of the profession, to assist them in the art of living, than to teach them to provide for others after their death. However, said Mr. G., the rules and regulations shall be hung up.

MR. BRODIE.

Medical and Surgical Theatre, 42, Great Windmill Street.

Friday, Oct. 1, 1824.

Precisely at 7 o'clock, Mr. BRODIE entered this Theatre, and immediately proceeded to read, from a paper, the following Address:

GENTLEMEN,—You are assembled here for the purpose of acquiring a knowledge of the healing art; and although satisfactorily to accomplish this task you will find it necessary to attend to many circumstances, yet you will soon be convinced of the necessity of more particularly directing your attention to two points: 1st, The human body in its healthy condition —2d, when suffering from the influence of disease. On the present occasion, however, my remarks will be of a general nature, and I deem it prudent to touch on several topics. I shall first endeavour to show you the best course that a student can pursue to carry him to that goal which I presume it is his ambition to reach; this part of my subject will, of necessity, include the qualifications of practitioners, and I will therefore, at once, endeavour to impress on your minds the importance of a knowledge of certain subjects, and the methods you should adopt with a view to obtain that knowledge. Now, with regard to lectures, it is my duty to tell you, that however excellent, however comprehensive, however perfect, still they are not of themselves sufficiently instructive or impressive to afford the student in surgery that portion of information which would qualify him to practise with either credit, safety, or honour. No, gentlemen, lectures alone are not of themselves sufficient for your guidance; you must *see* the sick, you must assiduously attend the wards of hospitals, you must visit the beds of the afflicted, compare disease with what you hear of it, and place not your entire dependence for information upon the instructions or doctrines of any man, however celebrated. That the lecturer may assist, I readily admit; but his pathological principles, his inductive theories, can never prove of much advantage to the student unless combined with great personal industry and minute observation at his patients' bed-sides; that surgeon who, when a student, has his mind thus formed, will prosecute his profession with the greatest possible advantage.

I again tell you, that the animal body should be attentively considered in two very opposite con-

ditions: 1st, In its natural state or condition of health, when it is complete in every part, when the functions of all its organs reciprocally harmonize; and, 2dly, In a state of disease, when its structure is partially destroyed, or its functions deranged; it is this last condition wherein are required the duties of the physician and surgeon. It will be expected of you, that you be enabled to detect and comprehend all the aberrations, all the deviations from the natural standard of health; now, to be capable of doing this, it will be absolutely indispensable that you should possess a knowledge, a minute knowledge, of anatomy; this is the rock on which you are to take your stand—secure this point, all other difficulties will quickly vanish; although I wish indelibly to stamp on your minds the absolute necessity of a perfect knowledge of anatomy to the surgical student, yet I would caution him not to devote the whole of his hours of study to this subject alone, but occupy a portion of them by attending to other preliminary sciences. To return—having already explained to you the importance of an intimate acquaintance with anatomy, it is necessary that I should tell you in what manner you are to obtain it by the dissection of the dead body. Each student must punctually attend the dissecting room, and, with a scalpel in his hand, carefully examine the various organs and parts of which the human fabric is composed, then attentively consider their relative position, and ultimately unravel their minute structures; he should then read the most esteemed physiological books, become well acquainted with the functions of the different organs, and attentively reflect on the relation which the office of one organ bears to that of another; upon this knowledge will the superstructure of professional success be firmly planted, and I am bold to assert, that it cannot be fixed on a more secure or solid basis. It is not, however, my purpose, in this introductory lecture, to notice those aberrations from the healthy standard which we denominate disease, but I shall proceed to show you the moral qualities a surgeon should possess to enable him to discharge his duty to society as he ought; to point out the advantages and disadvantages of our profession; and finally explain to you how you are to conduct yourselves as surgeons so as to enable you to pass through life with credit, comfort, and satisfaction.

No profession demands that its members should be governed in their practice by purer principles of honour than our own; in truth, our minds should ever be under the influence of the severest moral discipline: who knows what passes between our patients and ourselves? Matters are often entrusted to us which are of such a nature, that, if disclosed, would destroy the peace of mind, and be attended by devastation and ruin. Again, we are received into the bosom of private families, where we, day after day, observe the affectionate child attending the suffering parent, and the anxious parent, in his turn, yielding comfort and support to the afflicted child, in each case, the minds of those who attend the sick are credulous, from over-watching and anxiety, and consequently a giddy act or thoughtless word from us might plunge them into the bitterest of agonies. On the other hand, the fears of the afflicted are often made

the stepping-stone of some dirty act: but shame to those dishonourable, dishonest men, who feed the credulity of their patients for the purpose of plunder; well may *we* cry *shame!* for they rob the profession of that fame which is the common property of us all, and sink the members of the medical art to a lower place in public estimation than they deserve. Whilst, however, we are to be always careful of the manner in which we discharge our duties to society at large, we must not lose sight of the duties which we owe to ourselves; opportunities will not be found wanting when you may, by looks or words, seriously injure the reputation of some brother practitioner, and when, in reality, he does not deserve it; for example —a patient shall consult a surgeon for some chronic disease, in its incipient state, and at so early a period that its character is not probably sufficiently developed to enable him to resolve on its precise nature or situation; the patient takes medicine, but does not improve; six months afterwards he consults another surgeon, and then, in consequence of the prominent or advanced state of the complaint, there is no difficulty in determining what the case is. Now if this practitioner be an honourable man, he will explain this to his patient, for the purpose of removing any unfavourable impression that he might have received as to the want of skill on the part of his former attendant. Again, a patient consults a surgeon for a more or less severe malady; he prescribes, but does not observe the result from his medicines that he had anticipated, and as the patient does not improve in health, this may be attributed to the ignorance of the surgeon: yet we all know that his want of success might have arisen from undiscoverable peculiarities, or from the patient's own irregularities; wherefore he might have treated the disease in the most judicious manner, and still have been unsuccessful. Examples of this kind may be multiplied to any extent. Seeing therefore that the most scientific may sometimes err, and that this may happen unavoidably, never attempt to aggravate the consequences of his failure by adding to the patient's dissatisfaction, but rather explain to him how it might have arisen, and upon all such occasions let your conduct be governed by that beautiful Christian principle, "do to others as you would they should do unto you;" by thus rendering to each individual what he merits, and exacting yourselves that which is due from others, you will accomplish the effect of supporting the general stock of professional character.

It is impossible to say how you will be hereafter circumstanced, or what demands will be made upon your professional skill, or in what department of the profession you are destined to excel; many of you will doubtless practice in every branch. Vanity and self-conceit often tempt men to believe that they are perfectly acquainted with every part of medicine and surgery; these sciences, however, are so extensive, so complicated, and require so much application, that it is next to impossible for a single individual to become master of the whole; no two persons prosecute their studies in exactly the same direction; therefore if you possess a greater share of information in some respects than others, you should bear in mind that there are others who, in certain particulars,

know more than you; to such persons consign the treatment of those cases you do not understand, rather than subject yourselves, by undertaking them, to a perpetual series of mortifications and disappointments.

You must ever recollect, gentlemen, that those beings on whom you are destined to practise are endowed with a percipient, thinking mind, and that that mind will become in the highest degree irritable from a variety of causes, such as long confinement, sleepless nights, painful days; now it will prove greatly to your advantage and success, if you should be capable of regulating your patient morally as well as physically. But it may be asked here, who can regulate the minds of others, if they are incapable of commanding their own? and I therefore address to you the expressive words of the poet, inscribed on the portico of the temple of Apollo—"Man, know thyself." In scenes of woe continually, it cannot be supposed that the surgeon is so acutely sensible to human suffering as others who are less accustomed to witness it; neither is it desirable that he should be: for if he were, in the hour of need his head would be confused, and his hand paralysed—keen sensibility could ill endure tedious operations, incurable diseases, and loathsome maladies; yet surely, in observing these, there is nothing in the pursuit calculated to annihilate sensibility. I certainly think and hope not; for I do not hesitate to assert, that he who can look with indifference on the agonies of a fellow-creature is not the person to practise surgery in the manner that it ought to be practised; without sensibility, there would not be that anxiety which the humane surgeon feels, to relieve pain; neither would there be the necessary watchfulness for marking with care every alteration in the condition of his patient: be assured that self interest is but an imperfect model for the medical practitioner—a desire to lessen suffering, unconnected with profit, should be one of the most prominent features of his character; nothing distinguishes the scholar and gentleman from the barbarian and ruffian more than this.

Another quality, gentlemen, which you will find it necessary to be armed with in no ordinary degree is that of patience; for long-continued suffering will often give birth to the most harassing peevishness, when all your attentions, cares, and anxieties will not inculcate one single spark of gratitude; and surely we owe it to ourselves, we owe it to our patients, to look over this when resulting from corporeal infirmity. The most peevish questions will often be put to you, but your good sense will soon teach you the impropriety of answering them in a peevish manner. Mixed, as you occasionally will be, with every branch of society, you will of course meet with more gratitude at one time than another, and often, from the ignorance or irregularities of your patients, will likewise be charged with having committed errors when you least merit the imputation. This, however, is not our peculiar lot, but a fate common to all; although I do not, at such periods, advise you quietly to submit to insult, yet let me caution you not to be too hasty in showing your resentment, as a few inconsiderate words might give your enemies an advantage over you, which they might not otherwise be enabled to achieve.

We have all heard a great deal

respecting the *manners* of medical men, and I think to this particular circumstance much more importance has been attached than it deserves. Brutal and offensive manners render the possessors of them objects of disgust in all professions, but more especially so in this, where it is expected of us to be gentle and soothing, and where the very nature of our education predisposes to an anticipation of refinement. Affected manners are petty and contemptible. I would advise you to lose no opportunity of acquiring knowledge. Be prepared for whatever may happen; be prepared to answer any questions that may be put to you, and do not hope to screen your want of information under the deceitful cloak of silence; for though the mask may succeed in shielding the wearer for a short period, yet it ultimately must come off, when his ignorance will be manifest, and his folly receive merited scorn. Leave no method, then, untried, to improve; exert your energies to the utmost, and do not neglect any portion of your professional duties. If you possess knowledge and skill, manners will form of themselves, and you will not be obliged to have recourse to those which are artificial and contemptible. Natural manners are always pleasing, if not graceful; whereas those which are assumed, like the coats of tall men placed on the backs of short ones, ill become the wearers. And here, without its being unprofitable to you, I will advert to another subject, in which the greatest circumspection will be found necessary, it is this:—you will often be called upon to give a decided opinion on the nature of the case you are attending. Now, in complicated complaints, to decide accurately is often a matter of great difficulty, and requires the most mature deliberation; all the symptoms should be well considered, and compared one with another; no circumstance, for or against, should be lost sight of. While, however, you are deliberating, the patient ought not to be made acquainted with what passes in your mind. Thinking aloud on these occasions is exceedingly wrong. When you have cautiously formed your opinion, you may communicate it to him, and it should be conveyed in language freed from professional jargon; state to him the grounds on which your opinion rests, and indeed tell him your entire knowledge of the subject. The moral philosopher would recommend you not to deviate from truth; your patient then should believe you. Now if you were to represent things differently to what they really were, the result of the case would soon disclose the falsehood of which you had been guilty, and lead to the inevitable forfeiture of your reputation.

It is not at all times right to make your opinion known to the patient, indeed it is sometimes absolutely necessary that you should withhold it; for where you prognosticate a fatal issue, the dreadful intelligence would probably prove a greater shock than the mind could support. Again, in certain chronic diseases, which you know will in the end decidedly destroy life, it would be wrong to let the patient know this, for it might not only have the effect of hastening his dissolution, but would cause him to pass the remainder of his days in pensiveness and melancholy. The news of approaching death will affect, though in different degrees, the minds of all men. Let not the assertions of individuals

here deceive you, for they will often say, "I do not care about it; I am quite prepared, if it were to-morrow." Such persons are generally more shocked than others by the dreadful announcement of death, and are the first to sink under the influence of that fear which it creates. Therefore to all persons convey the unwelcome news in as delicate and cautious a manner as possible, and always by degrees. In some cases more haste is required than in others. In some instances, when persons have been for a long period labouring under the torture of an incurable disease, they will, soon after the first shock arising from a knowledge of approaching death has passed, look forward to it rather with satisfaction than dismay, as being the end of their suffering. Again, others will cling, even to the last moment, to the most trifling circumstance—watch all your looks and actions with scrutinizing eyes, with a view, if possible, to discover some thread whereon they may rest a hope of temporary redemption from their impending doom. Let me here observe, that though in these cases you are unhappily incapable of healing the body, yet you have it still in your power to afford some consolation to the mind; to do this, you should avoid noticing all alterations for the worse, and dwell on those for the better; evade questions of a painful nature, and be soothing and cheerful in your manner. The management of tedious, incurable, chronic cases is extremely difficult. When I commenced practice, I used quickly to withdraw my attendance from such patients; I then thought it right to do so, but I think differently now; for if you cannot cure the disease, still you may cheer and uphold a drooping heart. Again, if by your attendance you cannot produce positive good, yet, by withdrawing, you may lead to the infliction of positive evil, by giving place to the introduction of some mercenary, ignorant, and torturing quack.

In addition to what I have already advanced, there is still another subject to be mentioned, and of more importance than either—the investigation of disease. Now what mental qualities are the best suited to accomplish this in the most successful manner? Individuals with minds very differently constituted may attain to eminence and extort our admiration and respect. Thus in the study of the law we have seen the strong intellect of a THURLOW—the genius and eloquence of an ERSKINE—so in our profession, the brilliant genius of one is often successfully rivalled by the plodding talent and assiduity of another. Now, if I were, with a poetic licence, to describe the man best qualified to practise surgery—I should say, that he must be a *minute* observer of *facts*—an attentive investigator of disease—a *minute* inspector of the dead body—capable of great mental labour—and an acute thinker. Though it cannot be expected that we should be thus perfect; there is at all events an advantage in knowing how the mind of a surgeon should be formed; for, notwithstanding the standard is an imaginary one, yet, we can measure our own minds by it, can mark any deviation from the perfect scale, and of course attempt to remedy it. Some persons are much more capable of minute study than others, and such individuals are unquestionably the best qualified to acquire a comprehensive knowledge of pathology. Some diseases do not require

any great portion of surgical information to enable us to distinguish them, as fractures, dislocations, wounds of muscles and tendons, exostoses; these are designated by peculiar and prominent features, easily cognizable; but in complaints connected with the general system, and where external appearances are wanting, there is much more difficulty in forming a correct opinion. Here we must carefully trace the course of pain, reason analogically, compare present symptoms with past histories, notice every deviation from the healthy standard. I may here observe, that it is the accurate comparison of probabilities, and the capability of distinguishing minute differences, which constitute the man of judgment. It has been said that genius cannot brook that confinement and close study which are so essentially requisite to the formation of a surgeon's character; but let me ask you in reply to this, if it was not the genius of HUNTER which cleared the schools, chemical as well as surgical, of the most absurd hypotheses, and was it not his genius that illuminated the science of surgery by several most brilliant and valuable discoveries? In a word, was it not the genius of HUNTER which placed surgery on its present solid and immoveable foundation? In justice to the memory of that celebrated man, I reply to these interrogatories in the affirmative. Recollect, however, gentlemen, that the genius of HUNTER was united with industry and judgment: had it not been, we never should have witnessed the results just named. Application is undoubtedly quite compatible with the proper formation of a surgeon's mind; and certainly, as a general principle, I must admit that men of genius are not capable of submitting to that laborious and long-continued thought required for the acquisition of extensive surgical knowledge. In truth, unless you can fix the mind for a considerable time to one point, you will experience a difficulty in obtaining any science. It is a good rule in study, when you have fixed your mind to a subject, not to withdraw your attention till you understand it.

The duties of a surgeon, gentlemen, require that he should possess considerable presence of mind. On this quality of the practitioner it often happens that the life of his patient entirely depends. This more particularly occurs during the performance of operations. At such times, unexpected and alarming appearances frequently present themselves, demanding immediate and skilful attention; and delay in the application of remedies might be attended with loss of life.

To perform successfully the operations of surgery considerable *confidence*, or firmness, is necessary; this generally increases with experience, and in that case is the result of knowledge. In surgery, when confidence is the offspring of ignorance, it quickly leads to the ruin of its possessor.

It may not be improbable that many of you will feel rather displeased than gratified at the checquered sketch I have just made of surgery; many of you are doubtless disheartened at the account given of the complicated structure of the human body—the qualifications you should possess—the labour and attention necessary—all this you will say is too much for us to undertake; but, gentlemen, recollect that in the study of all the liberal professions there are some difficulties to encounter—all of us discover difficulties when we first

embark in any literary or philosophical pursuit—but as we advance, these recede, and in a few years entirely disappear.

If time permitted, I could say much to you of the profession you have chosen—of the satisfaction—the delight you will feel when relieving the sufferings of your fellow-creatures—and of the pleasure you will experience in the investigation of its philosophical theories; what, for example, can be more interesting, more beautiful, or sublime, than the study of the science of life?

Your profession, gentlemen, will require you to mix with the public, the multitude; but your acquirements will be such that it will not be necessary for you to cringe or stoop to any man—you can make your own place in society—and the rank or station that you hold must rest entirely with yourselves. It will occasionally happen that the imbecile portion of the inheritors of hereditary titles and wealth will pay no regard to your claim of respect—will even be careless of and slight you; place this to the account of their ignorance and folly; regard it not; cultivate the society of the wise, and always remember that the esteem of a man of knowledge is of more sterling value than that of all the titled ignorance in the world.

One observation more, and I shall conclude; whilst, gentlemen, it is the duty of the advocate to obtain the conviction and execution of the unfortunate culprit; and that of the soldier to go and destroy those who never injured or even offended him, the physician and surgeon are always engaged in relieving the distresses and mitigating the sufferings of their fellow-creatures.

[The conclusion of the lecture was followed by a loud burst of applause.]

MR. GREEN.

Theatre, St. Thomas's Hospital.

Monday Evening, October 4.

At eight o'clock, Mr. GREEN entered the Theatre, and proceeded to read from a paper the following Address:—

GENTLEMEN,

THE duties, and requisite qualifications of the surgeon, drawn from correct ideas, first, of surgical science itself; next of its rapid progress, and lastly, of its rank and estimation in society, to which the profession has been raised by the ingenious dexterity, and honorable demeanour of its members, may be considered as the proper subject of introduction to a course of lectures.

I might commence with a definition of surgery, but that the etymology of the term would limit us to the narrow bounds within which the ignorance of predecessors had confined the science, or to speak more correctly the art, before the introduction of the science. Surgery then, in its original acceptation, implies only manual operation; handicraft, which is the meaning of chirurgery, describes neither the proper aim nor rank of the science, and consequently presents a false view of the attainments necessary for that practice to which such an explanation would limit us.

I should not have deemed this observation worthy of your notice, unless it were to be placed in connexion with other circumstances. Allied to the ignorance of the men we have alluded to, we must rank the attempts of those who would separate surgery from medicine, who would consider it as a subordinate science, and say that it

consisted in the employment of external remedies, as in the application of bandages, or the dressing of wounds.

If we look back to the history of medical science, the cause of its disunion will be readily understood. At that period, when learning had nearly become extinct, it happened that the relics of it fell into the exclusive keeping of the monkish clergy, and it is to that calumniated class of men, that we are indebted for the preservation of what little of ancient literature we possess. They, in the absence of other information, and by becoming possessed of the medical writings of the times, became the practitioners of medicine. In the semi-civilized states and on the second appearance of barbarism in the middle ages, medicine was a branch of theology, and belonged to the particular department of the slaves of superstition. Hence, in Homer, we find, that the knowledge of curing wounds and internal diseases was given by the gods. Celsus, also, having spoken of the two sons of ÆSCULAPIUS, MACHAON, and PODALIRIUS, and of the services rendered by them to their countrymen wounded in the Trojan war, observes, that HOMER no where alludes to them, as being concerned in the cure of the pestilence, or other diseases, but merely and exclusively in the application of external remedies. ——"quos tamen, HOMERUS, non in pestilentiâ neque in variis generibus morborum aliquid attulisse auxilii, sed vulneribus tantummodo ferro et medicamentis mederi solitos esse proposuit; ex quo apparet has partes medicinæ solas ab his esse tentatas, easque esse vetustissimas."*

As the experience of the clergy of whom we were just now speaking became more extensive, they required some assistance for the performance of the manual offices of their profession, or of the manual operations, inconsiderable indeed we find they were, but they were not permitted by their church to practise them.

But as knowledge advanced, and as medicine became the province of a separate profession, such an arrangement was maintained, as reduced to so low a rank the then practised operations of surgery, that they were placed in the same class with the removal of what the old physcians called the excrements of the body, such as the nails, hair, and beard; and in process of time, the barbers became the assistants of the physicians, attended to their directions, and dressed their patients. But even from this low state of degradation, it was impossible but that some individual should arise, who, posessing naturally a talent for observation, prompted by curiosity, and by the desire of obtaining information from the increasing opportunities which operations afforded them, should arrive at some degree of celebrity in their office; some men increasing in knowledge with the march of time, became the subjects of jealousy to their opponents, afterwards their equals, their rivals, and ultimately the candidates for the favours of the legislature.

The reason of surgical improvements not keeping pace with the

* Vide THE LANCET, vol. I. p. 314, on the Antiquity of Surgery,—where this passage of Celsus is quoted. It is singular that MR. GREEN and THE LANCET so entirely coincide in this quotation, that both commence with the word 'quos,' *in the middle of a sentence*, and both terminate with the word 'vetustissimas.'

improvements of the other sciences was, that in the remote ages of the world, and in a barbarous state of society, no facilities were afforded for the purpose; but on the contrary it was the object of men who possessed medical information to suppress and smother it. But with the diffusion and increase of knowledge of the present times, surgery has received a momentum, no longer to be resisted or retarded; its course has been sure and safe, it has increased in brilliancy with its career, and now bids defiance to the attempts of opposition. Derived from induction, not founded on hypothesis, surgery has been raised from a mere mechanical art to the rank of a liberal profession. Instead of being continued in the hands of the ignorant, men of talent and genius have devoted themselves with zeal to its study, and have found in it an ample sphere for the exercise of their highest endowments.

But in thus vindicating the character of surgery, I am far from wishing or attempting to establish any hostile rivalship between it and the practice of medicine; but rather that some skilled in the healing art should devote themselves to its study, and thus come in, as important aids, to the practice of surgery, when opportunity may be afforded. Any further separation or division of the practice would be irrational and impracticable, highly injurious to the character of the profession, and to the unfortunate victims of their pretended art. If the reverse of this were to happen, we should again see an ignorant and pedantic physician deciding on the expediency of directing a *barber* surgeon in a *barbarous* operation, or witnessing a surgeon allowing his patient to die from the effects of a secondary fever.

Little further argument is necessary to show you that the division is arbitrary and irrational. It is irrational to suppose that the surgeon can remain the mere servant of the physician, while the fact is, that to qualify himself for the service, he requires that high skill and those attainments, which must place him in the same rank of scientific arrangement; and if the surgeon is to have his sphere of knowledge increased, and yet is to be shut out from practising particular parts of the profession, the division must be extremely arbitrary. Supposing the surgeon to be limited to the application of external remedies, how can the physician remove important diseases, without the lancet, leeches or blisters? On the other hand, what external disease can be removed, without, at the same time, employing internal remedies? If then these remedies cannot be divided, much less can you separate the various combinations of disease. Is not fracture of the skull usually considered a surgical case? yet the principal mischief is internal; it is the effusion of blood internally which most likely produces compression of the brain. Is not apoplexy an internal disease? yet it has been appropriated to the management of the physician. So little, indeed, can any distinction be established, that we find the same train of symptoms developed from such an injury, as if arising from external causes. We find the same restorative process required and the same remedies demanded. Will it cause any difference in the effects produced, or in the after treatment, whether blood be effused from a blow, or from a mere

rupture of the cerebral vessels? It would be useless and endless to advance further instances.

It is necessary for the correct practice of physic and of surgery, that all should have studied both subjects in the same way, and on the same principles; for it is necessary that all should have understood the structure and functions of the body, and that all should be able to conduct its diseases to a successful issue, (as far as the imperfections of our art will permit,) upon the same principles, and by the same or similar means.

With these views before us, I ardently hope, that the good sense of the profession will triumph over all narrow-minded scruples and petty jealousies, which tend only to divide, and thus to weaken the medical profession, and to retard the advancement of medical science.

But it must convince you that it is impossible to go into the merits of the point extensively in the present address, which should afford you the outlines of that knowledge, without which no man can assume the surgeon's name, or take upon himself the surgeon's office, with credit to himself, or with justice to mankind. I shall begin, therefore, with anatomy as one point, and shall show you its importance and indispensability. The useful knowledge of an animal body must include an acquaintance with its component parts, textures, and offices; and we shall in vain attempt to understand the functions of organs, without first becoming minutely acquainted with their structure. Anatomy is the alpha and omega of surgery: without it, all is desperate guess-work and uncertainty. A man who without it undertakes an important operation, deliberately hazards the life of his patient; and such a manifestation of ignorance would be equally discreditable to his head and to his heart. But indispensable as the study of anatomy is, physiology is of no less importance. It teaches us to consider the figure and form of the body, which anatomy has unfolded, as a living body, endowed with certain powers, regulated by certain laws, and performing certain functions, which, in the harmony of their operation, produce and maintain the state of health.

Guided by these phenomena we inquire, in a state of disease, how the healthy functions are disturbed? In order to arrive at correct conclusions in physiology, we must have frequent recourse to observation, not only of the manner in which the different functions are performed in the perfect structure of the human frame, but trace the development of life, and its operations on the most simple structures. It will be necessary to aid our investigations by experiments made on the lower order of animals, in which observation will be necessary to enable us to profit by them. Observation is the apprenticeship of the mind to science; and experiments conducted without it can be but useless, nay, they would be worse, they would bewilder and betray you into errors. Without some definite aim, some anticipation of result, all experiments are cruelties; but when directed to the attainment of some particular object, when devoted to the illustration and advancement of science, and to the benefit of the bulk of mankind, then they become not only legitimate, but necessary expedients, and mark the

existence of talent and genius in their execution.

This distinction is perfectly applicable to Mr. HUNTER; he possessed a mind of the first magnitude, he looked beyond the narrow boundaries of the knowledge of his day, he accurately investigated the laws of animated nature, and justly entitled himself to be called the Founder of Scientific Surgery. He established the practice of medicine too upon firm and enlightened principles; he knew the line between the exhibition of remedies and nostrums.

Guided by physiology, Mr. HUNTER's observations on gunshot wounds, on the blood, on the venereal disease, and on aneurism, have been received with veneration, and constantly regarded with respect; a new spur has, by his example, been given to medical investigation, which proves how great are our obligations to that philosopher who first struck out the path and taught us to follow in the way of scientific research.

Anatomy and physiology are the preliminaries to pathology, which should be regarded as the proper aim of surgical study, and as the principles of all surgical science, and I shall therefore draw your attention to the mode of investigating disease. In the ensuing lectures, my illustrations and examples will of course be wholly drawn from, and your attention directed to, surgical disease. Yet I trust I have already said enough to convince you, that the distinction between surgery and medicine is not scientific, but that a knowledge of the last is necessary to constitute you successful practitioners. Surgery is a branch of medicine, but it is a living branch, and cannot be severed from the common trunk. Experience will soon teach you that the most simple accidents and diseases supposed to be within the province of surgery, are complicated with diseases which require in their treatment as much science as your knowledge of physic will afford. The great phenonema of organic sympathies, the modes of action and re-action of the local and constitutional diseases, I need only call to your attention to satisfy you that a knowledge of them can only be obtained by an enlarged and correct acquaintance with disease: in fact pathology stands in the same relation to disease, as anatomy and physiology do to pathology. If a fourth subject were more important than another, and certainly it is next to the one which has preceded it, I should instance morbid anatomy. From noticing the changes which take place in the functions of living parts and their deviations from the natural standard, we make ourselves acquainted with the changes of texture producing them, and during our treatment of disease we should look forward to this source for confirmation or the detection of our opinions, and alter our mode of procedure, or otherwise, in future cases. Hence also we have a fresh motive for the observance of symptoms during life, looking forward to a post-mortem examination, for investigating the cause of death, by which investigation we are led to adopt such practice as may probably avert the danger.

The next point may seem of inferior interest, when compared with the preceding, but is equally required for the education of the scientific Surgeon: I speak of the Materia Medica: a knowledge of which is obviously as necessary to the treatment and cure of

disease as the former; but having introduced it to your notice, and merely mentioned its necessity, I shall dismiss it without further comment. However, I might observe that the knowledge of natural history, as connected with the materia medica, and indeed of history generally, is necessary to be understood by you. In the present day, and in the respectable rank in which the profession is now considered by polite and polished society, it is expected from you that you should be more than mere medical men. But a knowledge of chemistry is also necessary to teach you not only the absolute properties of bodies, but to methodize and arrange them. More particularly in relation to pharmacy, you should understand it, as teaching you to prescribe with care and with science; not bringing together a mass of heterogeneous matter in a small compass, but preserving, by a judicious combination, the efficacy and virtue of every part.

Notwithstanding the importance of the subjects which I have brought before you may receive that attention which they so eminently deserve—notwithstanding every combination of talent, of observation and of attention—all our efforts will sometimes be rendered unavailing, and we have to attempt the safety of the life of the patient, by inducing him to submit to a removal of the diseased part. This is our last resource, and may be considered as the peculiar province of our art. No motive but that of necessity, imperative necessity, should ever induce us to advise an operation, however successfully or brilliantly it may be executed; or whatever may be the probable reputation attending it. From the opportunity which is sometimes afforded in displaying our surgical skill to the public, we may feel tempted to yield to predominant love of applause. Vanity is a great temptation even to a man of sense; and it is natural for men, when they feel themselves possessed of power, to wish to put it into execution. But the value of the part to the patient must render every other species of rhetoric futile and inadmissible. Nor, on the other hand, must any circumstance deter you from exerting your influence when that may become necessary, or induce you to swerve from the important, and sometimes appalling, duties which may devolve on you.

I need not say that, as professional men, you are sometimes admitted into a participation of knowledge of the most important description; and therefore, you have to act a disinterested, liberal, and honourable part. Under all circumstances, demean yourselves as gentlemen of an enlightened and highly useful vocation, conducting yourselves towards those inferior to you in life with the same urbanity and respect with which you expect and are entitled to be treated by others, who suppose themselves above you.

Respecting the more immediate duties which devolve on you in your professional studies, I shall merely remind you that the eyes of your friends are upon you, and that their anxiety for your welfare, and perhaps the sacrifices they have made for your comfort, should operate as additional incitements to perseverance and conquest. Remember also, that the eyes of the public are upon you, and if you neglect the opportunities which are

[See Supplement.]

SUPPLEMENT

TO

THE LANCET.

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now afforded, when you embark in the duties of life, and are placed on your own meagre resources, you will repent too late your indolence and indiscretion. You may imagine, that if you commit some gross blunders in one neighbourhood you can remove into another, and thus shield yourself from the odium which would attach to your character. But you will always carry that monitor within which will for ever torment and condemn you. By a repetition of your incorrect treatment you may be hurled before the tribunal of your country, by the suffering victims of your ignorance or neglect, and there have your disgrace publicly and eternally sealed. But I can assure you, gentlemen, that by adopting an opposite course, by devoting even a moderate portion of your time to the profession, by acquiring a habit of observation and of recording in your memory what you observe, you will not only be enabled to acquit yourselves with credit, but to acquire, as time rolls on, fresh accessions to your reputation.

To afford you every facility for profiting by the institution connected with this school, my colleagues and myself will, in addition to the regular course, give during the week some clinical lectures on important subjects, illustrated from cases taken from the wards of these Hospitals. Mr. Key will give his lecture on Thursdays, at 12 o'clock, and I shall give a clinical lecture on Tuesdays, at the same hour. We shall also, in going round the Hospitals, address some observations to you, illustrative of the practice adopted in particular cases. I should in addition recommend you to take notes of interesting cases, and observe correctly the changes that may take place.

I believe I have now embraced the various subjects, which will admit of notice in an introductory lecture, and, before concluding, I cannot but announce to you with regret, that we are no longer to be favoured with the excellent surgical lectures of Sir Astley Cooper. He possessed all the necessary and ornamental acquirements of a scientific surgeon, his talent for observation, his immense opportunities, his readiness of communication, and his interesting manner of doing so, joined to his extensive practical knowledge, rendered him an invaluable acquisition to this school of surgical science. His absence, I fear, has left a "hiatus non valde repletus." But I can only, on the part of my worthy colleague and myself, assure you, that no exertion or inclination will be found wanting on our

parts, to replace as usefully, if not so brilliantly, the loss we have sustained.

MR. HEADINGTON.

Theatre of Anatomy, London Hospital, Wednesday Evening, Oct. 6.

At eight o'clock Mr. HEADINGTON made his appearance, and immediately proceeded to read the following address; the theatre was thinly attended, and altogether had a very gloomy aspect.

GENTLEMEN,—It being my intention to deliver, in the ensuing winter, a course of surgical lectures, I shall, in this evening's address, point out to you the mode I intend to pursue in the completion of my undertaking. Before doing this I will give you a brief history of surgical science, contrast its condition among the ancients with its present advanced state of improvement, and point out to you how it may be brought to a nearer degree of perfection.

We see by the writings of the ancients that the study of medicine included that of surgery also; so wonderful was the healing art considered that ÆSCULAPIUS ranked among the demigods of antiquity. Surgery in its original and very imperfect state was confined to the employment of externals, the benefit arising from the application was registered, and the written case then carefully deposited in the temple in the island of Cos. Among the Egyptians, at a very early period, surgery had made a progress, which, considering its benighted state in the subsequent centuries, is really surprising—the Egyptians were the first who performed the process of embalming, and they submitted their deceased patriarchs to this ceremony.

The most ancient work on medicine was from the pen of ÆSCULAPIUS; it appears to contain a perfect history of the state of medicine in his time; it contains no account of anatomy; this is easily explained, as at that period it had not been studied. HIPPOCRATES was the next writer, and whose descriptions of many diseases were so accurate that they have not been altered even to the present day. After him we have the works of GALEN, and until this celebrated man flourished, it is pretty obvious that surgery had made but very slow movements towards advancement. GALEN was born at Pergamus, and first taught surgery about the year 160 of the Christian era, at Alexandria in Egypt. Such being the case, we should expect that surgery, from that epoch, would have made rapid advances; this, however, was not the fact. CELSUS was the next who wrote, but whether he deserves the name of surgeon may be questioned, as it does not appear that he ever practised surgery; CELSUS, however, is much valued for the elegance and purity of his style, which led to many solid improvements in our art. The first school of medicine established in Europe was by the Greeks in the island of Sicily; others immediately sprang up in various parts of Italy; thus the emulation excited by these numerous rivalries, caused chirurgical knowledge to rapidly increase, and to be extensively diffused. The study of anatomy also, at the same period, was cultivated, though more, it is believed, with

a view to assist the art of sculpture than the science of medicine. In the 16th century surgery made extraordinary progress, and the names of several surgeons who lived at that time, are celebrated even in the present day. The healing art was long confined to the ecclesiastics of the cloisters, and only a very trifling portion of it possessed or practised by laymen. The writings of GALEN were by these individuals strictly attended to. The reason of the practice of medicine having been confined to the ecclesiastics was occasioned by their being the only persons, or nearly so, whose education enabled them to understand the medical authors. Notwithstanding they embraced the whole range of medical practice, the physicians did not operate, but would only direct the operation to be performed, the surgeon being his subordinate agent. The most ancient department of the healing art thus fell below its just level, and remained degraded for a considerable period, till, at length, as advanced knowledge became more generally extended, a greater number of individuals entered on the study of medicine; society saw the advantages which must arise by affording encouragement to the medical practitioners, and thus our science rapidly progressed. The study of anatomy was likewise prosecuted with considerable zeal; those who promoted it rightly judged, that he who is best acquainted with the structure and functions of the human body, in a state of health, must be the best capable of detecting and curing disease. Surgery, however, did not hold a very prominent station, until after the exertions of the French surgeons in the reign of Louis XIV.; that reign was a busy scene of warfare, which is always favourable to the advancement of surgery. Louis also afforded to the surgeons of his day considerable patronage. It is within the last fifty years, however, that the most important surgical discoveries and improvements have been made. The human mind during this period, has been strongly stimulated to exert itself—and if there be no powerful causes to excite it to action, it sinks into apathy and indifference: the most common existing causes of the human mind, and probably the most influential, are love of fame or ambition, and self interest; the first is generally brilliant in its course, and leads to deeds of greatness; it is the patrimony of the statesman; the operations of self-interest are less splendid and confined to a narrower sphere; the two properly blended is a happy union; it creates activity, which is generally answered by commensurate profit; indeed, exertion and reward are generally united. When a surgeon pays little or no attention to the duties of his profession, he must soon sink into ruin and neglect, especially at such a time as the present; when there is such an extensive rivalry, the ill-informed can have no prospect of success. It is in consequence of the great opposition, which has of late years given rise to so many improvements, and which has so particularly prompted the assiduous study of anatomy, that the diligence of both practitioners and students of the present day exceeds that of any former period. In minute anatomy the Germans at this time are highly and meritoriously conspicuous.

To MONGANNI the profession is much indebted, and particularly for morbid, as well as

general anatomy; of the latter he was the first to convert a shapeless mass into some order and arrangement. To the morbid anatomy of this distinguished man is the pathology of surgery much indebted. The movements of the animal machine are so various, and its structure so complicated, that without an accurate investigation of the machine itself, it is impossible they can ever be understood. Having taken a rapid glance of the former state of surgery, compared with its present improvements, I will now proceed to describe to you those qualifications, which it is of the utmost consequence a surgeon should possess; these we find mentioned in the most select writings of antiquity: a surgeon should have a keen eye, a steady hand, and promptitude of mind. An unfeeling heart, harshness of character, or insensibility to human suffering, should form no part of a surgeon's composition. Habit sometimes does give rise to want of feeling for the miseries of others, but it is always to be regretted. A knowledge of your profession implies and requires a liberal education—in the explanation of the mental requisites for a physician and surgeon, the principle has been laid down—that a classical education is necessary for the one, and not the other—that the physician's acquaintance with language ought to be more extensive than that of the surgeon, is a position the justness of which I think may be controverted; for example—many of the writers of antiquity are remarkable for the chasteness of their compositions—the purity of their style. What! is not the language of surgery, because it is the record of facts, to be dressed in the charms of the Graces?—look at the works of Mr. Pott, and see the celebrity that he obtained in consequence of his talents as a writer; he has the power of fascinating his readers, of attracting their attention, and carrying them through his pages to any length; this fact is alone sufficient to prove the converse of the principle just laid down; there are, however additional reasons; many valuable works are written entirely in the Greek and Latin languages, and if you cannot read them you must trust to a delegate, a translator, for an account of what they contain; and in translations, to say nothing of inaccuracies, the spirit of the original composition is seldom maintained. There is no language so copious as the Greek, or so remarkable for the flexibility of its idiom; many of the names used in anatomy being derived from this language, and from the Latin, that student who is acquainted with these will be the most apt at getting a knowledge of them; there are other languages which are more ornamental than useful.

The most material qualification, however, necessary to the surgeon, is a thorough acquaintance with the structure of the human body; or, in other words, a knowledge of anatomy. Some say, that minute anatomy is not requisite to a surgeon's information—but from this deficiency, I can with truth affirm, that errors of a most serious nature often ensue, not only in operating, but in the diagnosis of disease.

The chemists of the present day have added considerably to our stock of knowledge, particularly in the physiological department—chemistry, therefore, you will find worthy of a portion of your attention. As surgery includes an

extensive range of diseases requiring medical treatment, though not so much so as that allotted to the office of the physician; yet as they still are numerous, you should cultivate pharmaceutical information; for many complaints demand a medical treatment at once bold and prompt.

[Mr. H. here explained to the students, the order in which he should lecture on the different diseases during the course; and that he should not be regulated by the ancient surgical divisions of *synthesis, diarthrosis, and exæresis.*]

You must consider these lectures merely elementary; and observe, for yourselves at the bed-sides of patients. You should take notes of cases, and carefully watch all the peculiarities of disease.

I have been induced to undertake these lectures, gentlemen, from its having been represented to me that they will prove of much advantage to the students attending this Hospital; should I be considered occasionally to enter too minutely into matters of an apparently unimportant nature, you will hereafter find that such things ought not to be omitted; indeed, things of this kind require a more frequent repetition than circumstances of greater difficulty, for where the mind is capable of perceiving a thing at the first glance the impression is but transitory; on the other hand, where the subject demands considerable mental labour ere the obstacle can be surmounted, the effect on the memory is much more lasting.

I hope, gentlemen, your attention, assiduity, and zeal, will supply any deficiencies that you may discover in me.

[This address occupied in the reading no more than thirty minutes, half the time usually devoted to similar occasions. At the conclusion there was applause.]

Dr. ARMSTRONG.

[Dr. A.'s *Introductory Address* will be published on a future occasion.]

LECTURE I.

The maladies to which the human body is liable, might be conveniently divided into *two* great *classes:* the first, comprehending *acute and subacute* affections, the second, comprehending *chronic* affections.

Acute and subacute affections are those which commence quickly and terminate in a short time; whereas the chronic are those which commence slowly, and which have a protracted course. Each of these classes of affections arise from certain agents, which are technically termed *remote causes,* and these have been subdivided into *predisposing, exciting* and *proximate.* The predisposing causes are such as communicate a tendency or liability to disorder or disease. The exciting causes are such as can produce either the one or the other, according as the person may be predisposed. The proximate cause, according to the language of the schools, is a metaphysical essence; when present, the disease is present: when changed, the disease is changed; and when removed, the disease is removed. Now as this can only be the affection itself, I shall in these lectures *not use* the term *proximate cause* at all, but in its stead I shall substitute the words *pathological condition,* to denote that state of parts on which the symptoms mainly depend.

The *remote causes* of the first

class are *common* and *peculiar*. The peculiar causes are, 1st, malaria, or what is commonly termed marsh effluvia; 2d, other atmospheric infections; 3d, human contagion; and 4th, animal, vegetable, and mineral poisons. The common causes are distinguishable from the peculiar, because they produce no specific effects, and are only the mere ordinary agents of nature. These are also divisible into four classes —depressants, stimulants, irritants, and interruptants. *Depressants* are such agents as diminish the heart's action, the animal heat, and the muscular power. *Stimulants* are those agents which increase the heart's action and the animal heat. *Irritants* are those which increase the sensibility, and produce redness of a part. *Interruptants* are such as impede the flow of blood either through the arteries or through the veins, or through them both simultaneously. Now the affections of the first class, proceeding from the common remote causes, whether depressants, stimulants, irritants, or interruptants, I designate by the generic term, *common fever*.

If we examine minutely common fever, we shall find that it will admit of a further division; that all its phenomena may be referred to three leading varieties, namely, 1. *common congestive fever*, 2. *common simple fever, and* 3. *common inflammatory fever*. And I shall refer to symptoms, to morbid dissections, and to the operation of remedies, to show, that all the common agents of nature produce one or the other of these three forms of fever.

I shall first illustrate the nature of *common congestive fever*. Its remote causes are predisposing and exciting. The great predisposing cause of common congestive fever is debility, which is either general or local: when it is general, all the functions of the body are languidly performed: but it may also be local, and the individual may have the appearance of the florid vigour of health, and yet carry about with him some local defect; so that, when the exciting cause shall be applied, he will be incapable of resisting the shock. It is mentioned by the late Dr. Currie of Liverpool, that those individuals are the strongest, who can resist the influence of a low or variable temperature. Infants, old persons, and weak convalescents, have very little power to resist a low or variable temperature; but men may be made temporarily weak, by evacuation, by fasting, or by excess of exercise, and thus become liable to congestive fever. All the remote *exciting* causes of *common congestive fever* are *depressants*, which operate by diminishing the heart's action, the animal heat, and the muscular power. These are, 1. what is popularly called cold or a low temperature; 2. bodily shocks proceeding from accident or operation; 3. great mental depression; 4. any thing which powerfully offends the stomach; 5. exercise carried to exhaustion.

It is important, very important, to consider the predisposing and exciting causes of any affection; because, knowing them, we may in a great many cases, prevent the occurrence of disorder or disease. This is the only department of physic which can be practically applied by the public; because the practice of physic requires a great deal of elementary information, as a knowledge of anatomy, physiology, pathology and ma-

teria medica, and can therefore never be obtained by the public; but they are perfectly capable of appreciating the influence of predisposing and exciting causes, and by knowing them, they may prevent the occurrence of various disorders. Much good might be done to the public, if a book were judiciously written on the subject of avoiding the causes which predispose to or excite disorder or diseases.

There are three objects which present themselves in the *prevention* of common congestive fevers. 1st. The maintenance of the general strength, by a nutritious diet, by a due proportion of sleep, and tranquillity of mind. The 2d point in the prevention, is to give tone to the surface of the body, so that the skin may retain nearly the same quantity of blood under reductions of the temperature of the surrounding atmosphere. This may be effected to a considerable extent by the frequent use of the shower bath, commencing at 96° and gradually lowering it to 60°. It will be very much improved if one *ounce of salt*, be added to each *gallon of water;* by this practice the body becomes enabled to withstand low temperatures, and thus the liability to disorder is frequently avoided. The 3d mode of prevention is to avoid the exciting causes, and this is of great importance to be attended to by all debilitated individuals, especially in cold weather.

The attack of common congestive fever having once commenced, it is known by the appearance of certain *symptoms*. These are *generical* and *particular*; the generical relate to all the modifications; the particular only to each *modification* of this fever. The *generical* symptoms may be arranged under five heads. 1st. The diminution of animal heat on the surface of the body, the skin being colder than natural. 2d. Symptom is a diminution or oppression of the heart's action; the pulse may be considered as the stroke of the heart on the column of the circulating fluid. The pulse, therefore, in the most perfect form of congestive fever is either diminished in force or oppressed. In the severer forms of the disorder, it is generally more feeble than natural. The 3d symptom is a diminution of nervous and muscular power, and this is a very prominent symptom. 4th. There is a diminution of the general sensibility; the nervous system, in short, is less susceptible than in health. However, there are cases in which this is not decisive; 5th. There is some disturbance of an internal organ. But when the function of an organ is disturbed, that disturbance points out that the organ itself has undergone some disorder or disease.

The parts which suffer most in this form of fever are the brain and spinal marrow; the heart and primitive vessels; the mucous membrane of the bronchia, and the substance of the lungs, the liver and its associated veins. That these are the parts which suffer in this variety of fever, I shall be able by-and-by to show you. Again, the *particular* symptoms are different, according to the structure and functions of the part in which the disorder may be seated. In one person, the brain may be the seat of disorder, in another the liver, and yet it is essentially the same. The external characters of the common congestive fever, are modified by its seat.

In the *brain* the congestion is

detected by the following symptoms: *First*, by giddiness, confusion of intellect, heaviness approaching to sleepiness and sometimes complete stupor. In less severe cases, the patient complains of giddiness, and has some confusion in his head, and occasionally finds a difficulty in directing his steps with precision; or in still slighter cases, he complains of weight or pain in his head, more frequently of giddiness or some confusion. In the most severe cases, there is indifference and stupor, so that you can with difficulty rouse the patient. *Secondly*, it is more distinctly denoted by an intoxicated and fatuous expression of the countenance. *Thirdly*, by a blanched conjunctiva, usually attended by a glassy appearance of the cornea and dimness of sight. *Fourthly*, by a staggering walk, or by a complete prostration of the muscular power; in more severe cases, the patient reels about as if intoxicated; and in still higher degrees of this affection, he falls down, or can only be borne along by some other persons; his head hangs down, his arms dangle by his side, and his legs are dragged after him. It is denoted, in the *fifth place*, by the pulse being weakened or oppressed. Now it is to be recollected, that there is a very close connexion between the brain and the respiratory function; the common congestive fever may commence with the symptoms of congestion in the brain, and in its progress, the respiration may also become disturbed. This may happen through the medium of the 8th pair of nerves; for it is known that when these nerves have been divided, the respiration has ceased.

When the *spinal cord* is the seat of congestion, it is generally known by the presence of convulsions of the upper or lower extremities, and the patient usually complains of a numbness, with pain and tingling of these parts. Now it often happens, that the brain is affected at the same time with the spinal cord, and then you cannot get any account of the patient's symptoms, but you generally find him affected by convulsions.

When the *heart* is the seat of the congestion and its associated veins, it is denoted by the three following symptoms; *first*, a load or a sensation of great weight in the region of the heart; *secondly*, by an irregular or intermittent pulse: what I mean by an irregular pulse is, that it is sometimes quick, sometimes slow, now hard, and then again soft; but an intermittent pulse is that in which there is an absolute space between some of its beats, corresponding to the temporary cessation of the action of the heart. The *third* symptom is the want of power to breathe, the patient does not so much experience distress in respiration, as an inability to do so; and if you examine the pulsation in the neighbourhood of the heart, you will find it stronger than it is in proportion at the radial artery; the heart being so overloaded with blood, that it cannot send it with sufficient force into the extreme vessels.

When the *bronchial membrane* and the *lungs* are the seat of the congestion, it is denoted by a difficult or weak respiration; the patient inspires and expires with a more particular effort than before, and he takes in and gives out from the lungs a less quantity of air than in natural breathing. *Secondly*, it is denoted by a cough; this, however, though

mostly present, is absent in the worst cases, the patient not having power to cough. When the patient has a long resounding cough, it is less dangerous than if he had a short weak cough; and in the most severe cases, there is no cough at all. The congestion in this part is denoted, in the *third* place, by a change in the colour of the lip and cheek; the lip is of purple violet, or leaden colour; if the patient's countenance was pale when in a state of health, then the cheeks will have a leaden paleness, and this arises from the circulation of the dark blood in the minute vessels: but if the patient, in health, had a red cheek, then the cheek will be of a plum colour. Frequently, also, the patient has a sense of uneasiness in the chest, the countenance is anxious, and the alæ nasi are almost in perpetual motion. I have instanced that the brain exercises a peculiar influence on the respiration through the medium of the eighth pair of nerves; but, on the other hand, a congested state of the bronchial membrane and of the lungs exerts a peculiar *effect* on the *brain, mechanically* and *chemically*. When the lungs are congested, the heart cannot send the blood which is returned to it through them, and there is therefore an accumulation in the right side of the heart, and in the superior as well as in the inferior cava; this prevents the descent of blood from the brain, and in this way the congestion is produced mechanically. There is another mode in which the lungs may influence the brain, and this is chemically; if the blood do not undergo the proper change in the lungs, it is returned imperfectly decarbonized, or oxygenated, to the left side of the heart, and sent to the brain in this state, it acts as a narcotic, the patient becoming remarkably torpid.

When the congestion is in the *liver and its associated veins*, it is shewn by nausea, retching, or vomiting, and the ejected matter is sometimes mucous, sometimes bilious, at other times of a mixed description. It is shown also by *distention* of the *epigastrium;* by the sensation of great fulness and tension; *fourthly*, by diarrhœa or constipation; when attended with diarrhœa, the stools are like rice-water, occasionally mixed with blood; when constipated, the stools are found almost without bile, clay-coloured, and particularly fetid. It is denoted, *fifthly*, by anxious breathing. The respiration is irregular, short and anxious, but not difficult.

Now, in all these forms of common congestive fever the tongue is generally moist, and covered with a ropy mucus. It usually happens that one part is the principal seat of disorder, but on some occasions, all the parts suffer from the congestion. I recollect having once seen a gentleman, in whom the brain, the lungs, and the bronchial membrane, the heart and large vessels, and the liver, were all the seats of congestion; he had the nausea and vomiting of fluids mixed with bile, showing that the liver was affected by congestion; he had the livid hue on the cheek and lip, showing that the bronchial membrane and lungs were affected; and he had the intoxicated expression of the countenance with the blanched conjunctiva and glossy cornea shewing the head affection.

I have thus far presumed the existence of congestion in this

form of common fever, and I shall now attempt to show you that it does exist. I shall do this by referring to facts, to the pathological condition of the parts as shown by morbid anatomy. In cases of examination after death, we find the most distinct marks of existence of this state in common congestive fever. If the symptoms had indicated congestion in the heart, we find that organ, and the two cavæ excessively gorged with blood; if in the bronchial lining, we find it loaded with dark coloured blood; and if in the lungs, we find them crammed with carbonized blood, almost resembling the spleen then in their structure; when the congestion is in the brain, we find the veins of the pia mater loaded with blood, the sinusses too, and sometimes there is effusion into the ventricles, or between the membranes of the brain. When the liver has indicated congestion, we find that it is excessively gorged with blood, so that when it is cut across, the blood spouts out of it; it is sometimes easily ruptured by handling, and the veins of the mesentery present the appearance of a venous tree. It is true, that in cases where effusion has taken place, the marks of congestion, as happens also in inflammation, are less decisive; we may find in an intense inflammation of the pleura, congulable lymph effused, which would at once decide us as to the nature of the disorder; and so in congestion we find that effusion of the serum or mucus sometimes takes place, which will relieve in some degree the turgescence of the vessels.

Now the foregoing are the marks or the symptoms, and the morbid appearances; and I shall next speak of the pathological conditions of the parts. Recollect that the main objection which I make to existing nosological arrangements is, that the symptoms are substituted for the diseases themselves. Symptoms are not the things signified, they are only the signs, by which certain conditions of the body are indicated.

All the remote causes of common congestive fever are depressants; agents which operate by diminishing the heart's action and muscular power, operating first on the blood or on the nervous system; and whether they operate in the one way or in the other, their ultimate effects are the same. These effects are the ***abstraction of the animal heat*** from the surface of the body; the blood retires from the superficial veins into those more deeply seated; there is a ***change in the external and internal states of the veins***, there is a deficiency of blood on the surface; there is a surplus of it in the interior. The whole system has received a shock, and the ***heart suffers from it;*** it has not power to throw off the blood which is accumulated about its right side to the remote parts of the system; and the consequence is, an impediment to the free return of the venous blood, whether in the ascending or in the descending cava; and all the organs we have before named become subsequently congested with venous blood, there being necessarily a deficiency of blood on the arterial side, as shown by the skin and pulse, in the direct ratio of the excess on the venous side of the circulation. Another change takes place; the *respira-*

tion is affected, it is either weakened or oppressed. The muscular power becomes weakened, or the difficulty of respiration is produced by the congestion of the bronchial lining, or of the lungs themselves; so that the blood does not undergo that change which is essential for the purposes of life. The next *change* which takes place is that the nervous and muscular power is diminished, from the blood not being duly arterialized. When this change in the quality of the blood does not take place, the nervous and muscular powers fail. The observance of this fact induced GALEN to say, that the nervous power is a subtle fluid, elaborated from the blood, by its coming in contact with nervous matter. Lastly, then there is a change in the constitution of the blood itself, since it becomes more venous than natural, black blood circulating on the arterial side. The term congestive fever, therefore, is an abstract one, which embraces many particular states,—first, the excess of blood on the venous side; secondly, the deficiency on the arterial side; thirdly, the weakened or oppressed state of the respiration; fourthly, the diminution of nervous and muscular power; and fifthly, the change in the constitution of the blood, to say nothing of the reduction of the animal heat on the surface, which precedes and attends all these changes.

There are several means by which nature endeavours to prevent the occurrence of the common congestive fever. The *first* is, the power we possess of preserving the same degree of heat under a low and variable condition of temperature. You are aware that the animal body retains nearly the same temperature under various circumstances, thus resisting the influence of what is popularly called cold. The *second* medium of prevention is in the elasticity of the vessels; the veins and the arteries admit of a certain distention, before they come into the state of congestion. The *third* is that of the free anastomosis of the vessels. If we look at a frog's foot through a microscope, we have ample proof furnished us, that if an obstruction takes place to the passage of a globule of blood through one branch, it immediately passes on by another. *Fourthly*, increased secretion is another mode by which the effects of congestion are prevented. I might instance the increase of secretion from the kidneys, when cold is applied to the surface; for in winter individuals pass a larger quantity of urine than in summer. The kidneys seem to act the part of a pump. In particular cases of congestion of the liver, it is sometimes carried off by a copious diarrhœa. These are the four principal means by which attacks of common congestive fever are naturally prevented.

Now, when a stage of congestion is removed, we often have what is called reaction or excitement taking place. When the skin becomes cold, and the pulse feeble,—when the strength is diminished, and the function of some internal organ disturbed, then it frequently happens that the heart, by an innate law, operates on the blood which has been thrown on its right side, by which it becomes almost equally diffused between the arteries and the veins. This is called reaction or *excite-*

ment, which is made up of an increase of the heart's action, and an increase of the animal heat on the surface. But when the skin continues cold, the pulse feeble, the strength prostrate, the functions of the brain, heart, liver, or lungs disturbed, all these prevent a decided reaction, and the most perfect form of common congestive fever exists. This reaction has been called an effort of nature; and our object, in fact, in the treatment of this form of fever, is to assist nature in producing reaction. If we were to attend to the efforts of nature, we should frequently have many valuable hints for the treatment of disease. The object in the *treatment*, therefore, of common congestive fever is, to restore the equilibrium which naturally exists between the arterial and the venous systems.

But I must defer considering this part of our subject until my next lecture.

PATHOLOGICAL INTELLIGENCE.*

Metastasis of an extraordinary Fungus!

Dr. JAMES JOHNSON has, removed from New Street, Spring Gardens, to Suffolk Place, Haymarket.

MALFORMATION.

The following case of misplaced viscera is particularly curious; we believe, however, that several examples of a similar kind are to be found among the members of the Court of Examiners at the College in Lincoln's Inn Fields,—we anticipate, for example, that when a post mortem examination of SIR WILLIAM BLIZARD shall be instituted, that the liver of this bitter Knight will be found in his cranium, for during the whole of his life, his mouth has been performing the office of a *ductus communis choledochus*.

* Vide last Number of *Johnson's Review*.

A Case where the thoracic and abdominal viscera were found misplaced. *By* D. BRYAN, M. D.

[From the Transactions of the Association of Fellows and Licentiates of the King and Queen's College of Physicians in Ireland.]

Although the description of many of the appearances found after death in the patient whose case is the subject of this paper, has no connexion with the disease of which she apparently died, it may satisfy those who are curious, to know what were the symptoms, and what the state of health, in a person where the viscera of the thorax and abdomen were found quite the reverse, in point of situation, to what they are almost invariably observed; the following history is therefore submitted, as a record of an occurrence which has been so seldom described.

July 3d, 1822. Agnes Cavanagh, aged forty years, a soldier's wife, with dark hair and complexion, was admitted into the Whitworth Hospital House of Industry, and placed under my care.

She has had several children, none of whom are now alive: she complained of a constant and acute

pain in the lumbar region, particularly on the left side; pulse quick and full; tongue white, moist, and loaded; bowels costive; urine very deep-coloured, and mixed with dark blood. Says that her illness which she attributed to cold and the fatigue of a long march, commenced about 6 weeks previous to admission. Before this period the catamenia were regular: she at first thought the blood was discharged from the uterus, but she soon discovered that it came from the bladder. She was observed always to lie on the right side, or else on her face.

I was disposed to consider her disease as an inflammatory affection of the urinary organs, and she was accordingly bled freely, both generally and with leeches, which had the effect of arresting the hæmorrhage: oleum ricini and other purgative medicines were also administered.

On the 28th of July the hæmorrhage returned; she was considered to be too much reduced to admit of a repetition of bleeding. Various remedies were tried; among others, leeches, hip-baths, acetas plumbi, extractum hyosciami, &c. &c.: the state of her digestive organs was also attended to. The blood gradually disappeared from the urine, but its place was supplied by a purulent discharge, which the varied treatment adopted did not in any respect control. She still complained of pain in the lumbar region, but about a week previous to her death the discharge of pus increased, her appetite failed, and she continued gradually to sink until the 27th of September, on which day she died.

Fourteen hours after death the examination was performed by Mr. Fulton, clinical clerk of the hospital, in the presence of Doctors Marsh and Kennedy* of this city, and Messrs. Belton and Lewry, pupils of the Richmond Surgical Hospital.

Mr. Fulton has furnished me with the following statement of the dissection:—"Stature, that of middle size; skin pale and hepatic. On raising the sternum the mediastinum was observed nearly in the median line; the heart protruded to the right, its apex pointing to the fifth rib of that side. Within the pericardium, the pulmonary auricle and ventricle lay anterior, but to the left; the aortic auricle and ventricle posterior, and to the right. The ascending vena cava lay on the left, the pulmonary artery on the right, the aorta between. The arch of the aorta rose from beneath the root of the pulmonary artery, and turned to the right, embracing the root of that lung, and descended on the right side of the vertebræ and œsophagus. The arteria innominata arose from the arch, passed across the trachea to the left, where it divided into the subclavian and carotid trunks. The right carotid arose next; and then the right subclavian, from the termination of the arch, passed up from the chest, as the left one does in ordinary cases.

* These gentlemen were accidentally present. The friends of the patient insisted on removing the body, which was done before the physicians and surgeons of the institution could be sent for. It was, however, subsequently disinterred; and Mr. Shekelton has succeeded in making a vascular preparation of the parts described in this paper, which he has added to the valuable museum of the College of Surgeons in this city, already so much increased by his talents and industry.

"The vena innominata was formed of the right jugular and subclavian trunks, and passed from right to left to join the cava. The vena azygos ascended on the left of the spine, and passed over the root of the left lung to join the cava.

"The right lung was divided into two lobes, the left into three; there was also a corresponding difference in the capacity of the right and left side of the thorax.

"Within the abdomen the liver occupied principally the left hypochondrium, being divided into the usual number of lobes, the lesser one extending into the right side. The stomach lay in the right hypochondrium, its pyloric extremity extending to the left: the spleen, attached to its great extremity, lay completely in the right side of this region. The duodenum formed its arch on the left, and received the head of the pancreas. The gall-bladder, lying to the left, joined its duct to the hepatic, and descended to the duodenum with its usual relations, but on the left. The vena portæ was formed of its usual branches, but passed to the left: the vena cava also ascended on the left of the spine, passed behind the liver, and pierced the diaphragm on the left; this also had its peculiarity of opposite sides reversed.

"The cœcum, with its vermiform process, lay in the left iliac region; the colon, ascended on the same side, formed its arch, and descended on the right, its sigmoid flexure lying in the iliac fossa of that side.

"The abdominal aorta descended to the right of the vena cava, and gave off its inferior mesenteric branch to the right; its other branches also corresponded with the peculiar position of the viscera to which they were distributed.

"The kidney on the left side was very soft and spongy. On being laid open, its pelvis was blanched and opaque; the cortical substance was thinner than usual; and the entire viscus appeared to be going fast into that state of disease wherein it constitutes a mere bag.

"The uterus presented a mass of ulceration which had opened a communication with the bladder; the coats of the latter viscus were thickened and ulcerated, where it communicated with the diseased uterus. No morbid change was observed in the structure of the right kidney, or any of the other viscera. It is to be regretted that the left ureter was not minutely examined.

"HENRY FULTON."

The appearances found after death in the kidneys, uterus, and bladder, sufficiently account for the symptoms under which she suffered; but no suspicion was entertained that there was any thing peculiar in her conformation; and the *placement extraordinaire** of her viscera did not lead to any unusual symptom, not even to a preference for using the left hand. Her father has been subsequently examined by Dr. CRAMPTON and Mr. FULTON, who were curious to see if any peculiarity of structure could be observed in him; none, however, was detected, the pulsations of the heart being sensible on the left side of the thorax.

Cases of disease of the Bladder, treated with buchu leaves. By EPHRAIM M'DOWELL, M. D.

* Nous avons changé tout cela—MOLIERE.

A chronic form of inflammation very frequently affects the mucous membrane of the bladder, and, when neglected, extends to the ureters and kidneys, producing a train of severe local as well as constitutional symptoms. Its original cause frequently cannot be discovered; in some cases, however, we will find it succeeding to mismanaged gonorrhœa, neglected retention of urine, diseases of the prostate gland, strictured urethra, or calculous affections.

In many cases, as for example, when it depends on diseases of the prostate gland, we can do little more than palliate urgent symptoms; in other instances much may be effected.

The morbid alterations of the mucous surface of the bladder, produced by this disease, are different degrees of vascularity, from merely a few patches of a dark or a bright red colour to an entire vascularity, in some cases so marked as to appear as if the bladder had been daubed over with blood; the veins in general are turgid; the membrane becomes much thickened; frequently numerous ulcers form, covered with a tenacious brownish-coloured lymph; sometimes these are very numerous and deep, so as to give a honey-comb appearance to the membrane. The inflammation may run so high as to end in complete sphacelus of the interior of the bladder—I saw this in two instances. The mucus membrane generally forms numerous rugæ, which may be matted together by congulable lymph.

The discharge coming from a membrane so altered by disease are, blood, in general venous, and often in very large quantity; a slimy tenacious mucus; a powdery, white sediment; or a fetid isanous matter.

The cellular substance under the mucous membrane becomes filled with lymph, and in consequence is liable to be much increased in depth. The muscular fibres are usually much thicker and stronger, and the intervals between them may be filled with lymph: occasionally small abscesses form in the muscular parietes. In one instance I saw an abscess formed between the muscular layer and peritoneal coat, which attained very considerable size, and apparently was caused by irritation from a long continued disease of the mucous membrane.

The constitutional symptoms attendant on the disease are great derangement of the digestive organs, as indicated by loss of appetite; thirst, often very urgent; tongue white, or loaded with a yellowish brown mucus; nausea, sometimes vomiting; a costive state of the bowels; fæces usually dark-coloured; a harsh dry skin, and emaciation.

A variety of remedies have been devised for this disease; most of them I have repeatedly tried, with little or no effect beyond that of being in some degree palliative. The buchu leaves having been lately strongly recommended, I was induced to make a trial of them.

Case I.—The first case in which I used it was apparently a hopeless one, recommended to me by a medical friend, in December, 1821.

————, æt. —, upwards of six years ill, emaciated and greatly debilitated, lower extremities paralytic. When he passes his urine it is generally either with great difficulty, from its being loaded with a large quantity of slimy, tenacious, and stringy matter, or else involuntarily. His bowels were habitually costive; appetite totally gone. He had been under the care of so ma-

ny medical practitioners, without the least benefit, that I feared that little could be done for him. I passed a bougie in the first instance, to ascertain the state of the urethra, which I found rather irritable. I also used several of the common remedies for irritable bladder, with no effect, at the same time closely attending to the state of the digestive organs; lastly, I gave the buchu in the following form:

℞. *Infusi buchu* ʒvi.
Tincturæ buchu.
——— *cubebæ* ää. ʒss.
M. Sumat coch. amp. duo ter in die.

In six days after I found his appetite and strength improved; able to walk firmly; the mucus much diminished in quantity; capable of retaining his urine some hours, and no longer passing it involuntarily. His own words to a medical friend were nearly the following: "Instead of being disturbed every five minutes during the night, by painful erections, or by the desire of making water, I can sleep some hours at a time; I never wet my bed now; I can walk stoutly through the room, and even up stairs, without help; my appetite is excellent; the heart-burn gone; the sediment in the urine greatly diminished. I feel a strength in my back and loins unknown to me for years." He continued to improve for a considerable time, but became unable to obtain any more of the buchu, and in some degree relapsed: however his condition is infinitely improved.

Case II.—Philip Dyer, aged 67 years, sallow complexion, emaciated, ill for three years. Complains of severe pain in the pubic region, particularly before he passes water. Great irritability of bladder, passing water in small quantities every quarter or half hour during the night: during the day can occasionally retain it for two hours. Less irritability when using much walking exercise; when sitting, is affected with a stinging or scalding sensation in the prostatic region. Urine generally white or muddy. Frequently passes a large quantity of a slimy, pale, yellow-coloured mucus, voided with great difficulty, and soon putrefying: is much relieved by its expulsion from the bladder. Is greatly debilitated, and has lost much weight. Tongue loaded with yellowish mucus. Thirst. No appetite. Bowels generally constipated, stools black. No enlargement of the prostate could be felt.

Previous History.—Never had gonorrhœa. Has been a temperate liver. The disease commenced three years ago, first with slowness and difficulty in passing water, which was followed by frequent micturition. He attended the Talbot Dispensary for five months, and left town apparently cured. He relapsed, however, in a month, and returned to the Dispensary, May 13th, 1822. He was ordered a pint of the aq. calcis daily, twenty drops of the muriated tincture of iron three times daily, an opium suppository (three grains) every night, and purgative pills to be taken occasionally.

May 24th. Up five times last night to pass water; slime in less quantity; can expel his urine with more force.

29th. Worse: up fifteen times last night. The slime has not been discharged for some days; since its stoppage great irritability of bladder has existed.

℞. *Infusi buchu* ʒvii.
Tinct. ejusdem.
——— *cubebæ* ää. ʒi. *M. Sumat* ʒi. *ter in die.*

Persistet in usu tinct. ferri muriatis.

31st. Reports that he has been better for the last two nights than for two years previous. Passed a large quantity of slime yesterday, which came away readily: up but four times last night.

June 7th. Continues better.

19th. Greater irritability of bladder: a painful swelling in pubic region: no mucus discharged for some days. This relapse arose from not having been able to procure the buchu during the last week. His mixture was repeated as before; also the muriated tincture of iron.

21st. Much better. The slime was discharged after taking the medicine twice: up but twice last night.

Continuantur medicamenta.

July 5th. Continues mending.

August 4th. Called on me to say he continues well, and has been able to follow his ordinary occupation as a labourer for the last month.

CASE III.—HENDERSON WATERS, a debilitated, emaciated man, ætat. 31, visited August 4th, 1822, with my friend, Dr. CUMMING; found him labouring under much fever; urine dribbling almost constantly from him, or else passing it in the quantity of half an ounce every five minutes; the urine loaded with slime. Lower extremities totally paralysed; the upper nearly so. His lower limbs rigid, and frequently jerked up under him by painful spasms; severe pains in the soles of the feet. Much irritability of the rectum. The glans penis in a state of slough, from keeping it constantly immersed in the urinal. The last dorsal vertebræ more prominent than usual; no pain caused by its forcible pressure.

Previous History.—Five years since was first affected with weakness in his knees, which, to use his own words, "gradually extended from them over all his body." In a month after the first symptoms of disease, the muscles of the spine became very weak, obliging him to be almost constantly lying down. In four months he became totally paralytic.

At the commencement he was bled from the arm; blistered on the back and thorax; an issue was established in the cervical region, and kept open a long time without any relief; tepid salt-water baths were also used without benefit. A month since the moxa was applied to the lumbar region; at first he thought there was an amendment in his limbs. During the last week he was attacked with violent rigors, succeeded by hot and sweating stages for four days successively: this intermittent appears to have ended in continued fever.

℞. *Calomelanos* gr. viii.
Jalapæ gr. xv.
Capsici gr. iii.
Elect. Sennæ q. s. ut f. bolus statim sumendus.
Haust. ol. ricini post horas quatuor.
Baln. tepidum vespere.

5th. Two stools; less fever; tongue cleaner; feels better; urine paler.

Rep. med. ut heri præscript.
Enema Terebinth. vespere.

8th. Fever gone; irritability of bladder undiminished. Put on the use of buchu, as ordered in the last case.

10th. Can retain his urine for half an hour at a time; little or no

pain in the bladder; strength and appetite improved; the sloughs detached from penis, sore healthy; a slight slough over the trochanter major, from pressure and debility. Ordered nourishing diet, and to continue the buchu.

August 20th. (*Report by* Dr. Cummins.) "In every respect better; can now retain his urine for two or three hours at a time; no uneasiness in the bladder. For some days past sitting up; looks greatly improved. Tongue, pulse, and bowels, natural. Paralytic affection of lower extremities as before."

August 30th. At his work as a watch-maker; can retain urine for four or five hours; health good; limbs much stronger.

Jan. 8th. Continues as last reported.

The irritability of bladder succeeding to enlarged prostate gland does not appear to be relieved by the buchu. In two cases, in which I gave it a fair trial, the irritability was much increased. One of those appeared to be simple enlargement of the gland, which occurred in a young man; the other was a cancerous affection of it, and came on at an advanced period of life. The particulars of this case, with the appearances on dissection, will be given at some future opportunity. In dyspepsia it appears to be a valuable auxiliary to other medicines.

In the case of a young man of sedentary habits, and sallow countenance, who was affected by acidity of the primæ viæ, irregular bowels, and frequent head-aches. Two ounces of the infusion, taken three times daily, caused a great amendment, producing a keen appetite, improving the colour of the skin, and removing the head-ache. The urinary secretion was increased by its use, but no action was observed on the bowels.

My friend, Dr. Hulton, found it very serviceable in a case of dyspepsia succeeding to an injury of the brain and spinal marrow; it relieved nausea and flatulence, and improved the appetite considerably; but in this case it increased the irritability of the bladder very much; and upon a subsequent trial to relieve similar dyspeptic symptoms, it failed altogether.

I had an opportunity of meeting with a case of gravel, of the uric acid kind, in a sedentary and dyspeptic individual, the attack coming on whenever the digestive organs were deranged, and frequently lasting with much severity for three days, attended with violent pain, shooting in the course of the ureter to the groins, testicles, and anterior part of the thigh; much fever, restlessness, and irritability; any excess in drinking wine invariably produces an attack. He has been, for the last three years, in the habit of taking the aqua kali caustica, whenever attacked, and usually continues it for a considerable time, in quantities of one ounce daily. In a late paroxysm he took it along with the infusion of buchu; a white precipitate in the urine, in large quantity, resulted; he then omitted the alkali, and took the buchu alone. He recovered rapidly; both the red and white precipitate ceased to recur.

Its beneficial effects on the urinary organs in this case appeared to arise from the great improvement it first produced in the functions of the stomach. In chronic rheumatism it acts with uncertainty, in some instances

producing no benefit, in others, appearing to be superior to the means in common use.

FOREIGN DEPARTMENT.

ANALYSIS OF FOREIGN MEDICAL JOURNALS.

ARCHIVES GENERALES—AUG.

Chemical researches on the means for detecting the presence of Hydrocyanic Acid in animals poisoned by this substance.

It having been denied that the presence of the vegetable poisons could be detected, excited the attention of chemists to the point; and lately one of them, M. Lossaigne, has made known the proper means of detecting *Morphine and Hydrocyanic* acid in the human body.

Every action of the different tests for the vegetable poisons should be well studied; and there is no doubt but we should arrive at the mode of detecting equally well all the others under similar circumstances. Such knowledge would be a valuable aid, thus rendered by chemistry to forensic medicine, and it will be necessary hereafter for chemistry to interpose, to show the substance of the poison, and to afford to the authorities perfect satisfaction. Indeed, physiological phenomena are very useful indications to point out, on the way, somewhat of the nature of the poison; but they are not sufficient to afford decided proof. Before devoting himself to the research on hydrocyanic acid in the stomach of animals, M. Lossaigne considered it proper to study the actions of the reagents on this acid. He is perfectly satisfied that, by saturating an aqueous solution of hydrocyanic acid with a small quantity of *potash*, and then touching it with a little *sulphate of iron*, he could detect the $\frac{1}{10000}$ part of the weight of water. If, instead of the sulphate of iron, he employed the *sulphate of copper*, and then added a sufficient quantity of muriatic acid to dissolve the excess of oxyd of copper which had been precipitated by the alkali; the solution assumed a milky appearance, at the time when it only contains $\frac{1}{20000}$ part of its weight of acid.

If you dilute this solution in a large quantity of water, the precipitation disappears in a few hours, and the fluid becomes clear, especially if the liquid in which the precipitation first took place has the muriatic acid a little in excess. A fact well worthy of remark is, that in making the twofold experiment by these tests, that made by the sulphate of copper will have its effect disappear, and the fluid will become clear frequently before that which has been treated by the sulphate of iron has acquired the blue colour proper to it. It sometimes happens, that this colour does not show itself for twelve, and sometimes for eighteen hours afterwards.

It is by the help of these tests, that M. Lossaigne has discovered, *forty-eight hours after the death* of a cat, the hydrocyanic acid in the intestinal tube. The method of procedure is, to distil in a tubulated retort the fluid that has been obtained from the intestines by cutting them into small pieces. As the hydrocyanic acid is very volatile, it passes over in distillation. When you have obtained about $\frac{1}{4}$ of the fluid, you need not carry the operation further, but

saturate the product by potash, and examine it by the two modes before described. The following observations have been deduced from the experiments of this chemist:

1. That by these two tests, he could detect, in a distilled fluid, hydrocyanic acid in the proportions of $\frac{1}{10000}$ to $\frac{1}{20000}$ of the weight of water.

2. That it is possible to detect it, in poisoned animals, more than forty-eight hours after death.

3. That it is always in the viscera, when it has been first received, that its vestiges can be discovered.

4. That not the least portion of it can be detected in the brain, spinal marrow, or the heart. Although they give out an odour which causes its existence to be suspected.

Another chemist, who exerts himself much in medical chemistry, is on the point of finishing some interesting experiments on another vegetable poison. It is considered that he will be able to detect equally well its presence in persons poisoned by it. We shall give an account of this substance, and the mode of detecting it, in a future Number of THE LANCET.

Results of the Recto-vesical Operation for the Stone, by M. JANSON.

M. JANSON, principal surgeon of the Hotel Dieu, at Lyons, has performed the operation for stone, by the recto-vesical method, as detailed in a former number of our Journal, *seven* times. *Four* of the patients were cured without a fistula occurring. *One* died ultimately from a violent attack of inflammation of the bladder; the calculus was adherent, and could not be detached but by raising the shreds of the mucous membrane. *Two* children, very young, died of a severe inflammation of the bowels. M. JANSON considers that this operation ought not to be performed in children; for in them the rectum is endowed with very great sensibility, which adds very much to the severity of inflammatory actions.

A disaster occurring so frequently in the intestine, at that age, that it ought to restrain us from performing the operation; lastly, in these persons, hæmorrhage is not less to be feared, and the introduction of the finger into the bladder is as easily done by any other mode.

One patient was cured by this method, not only of the stone, but also of four urinary fistulæ.

Pollenine.

Doctor JOHN has lately discovered in flour a substance which may be ranked between gluten and albumen, to which he has given the name of *pollenine*. This substance is yellow, insipid, inodorous, and insoluble in water, alcohol, ether, or the volatile oils. It burns with a flame. Exposed to the air, it soon imbibes the odour and the taste of cheese, and gives out a disengagement of ammonia.

A singular Case of Disorganization of a Part of the fifth Pair of Nerves.

M. SERRES has lately observed a very curious case at the hospital of La Pitié. An epileptic patient had, six months since, an inflam-

mation of the right eye, with closure of the pupil, and a very dense opacity of the transparent cornea. The loss of sight on that side was necessarily the result.

In the early part of the month of August, it was discovered that the *conjunctiva* was so insensible, that you might pass between the eyelids and the globe of the eye the fibrils of a feather without the patient's perceiving it. The right nostril was equally insensible to the introduction of a foreign body. The sulphate of quinine put on the right side of the tongue was not tasted. The gums on the same side were soft, fungous, blackish, and detached from the bones. The teeth were almost all carious; many of them had fallen out. The gums on the opposite side were also diseased, but less so than on the right. Lastly, the hearing was very indistinct on the right side. The patient at length died of a chronic affection of the brain, which had disorganized a large part of that viscus, without producing any remarkable phenomena.

The inspection of the body was made in the presence of M. M. Serres, Magendie, Lisfranc, Georget, and many other distinguished men.

They at first read the details of the case which we have summarily given.

The fifth pair of nerves on the right side presented a very remarkable alteration. At its origin it was soft, yellowish, and almost gelatinous. This appearance extended a line or two in depth towards the *tuber. annulare*. The nerve might now be traced toward it without offering any change either in colour or consistency. The nerve was torn in attempting to turn out the brain. The back part of the nerve, as it passes on the petrous portion, had the same appearance: it was soft and yellowish, excepting, however, the filaments, which were perfectly healthy. On the petrous portion, before the plexus, the nervous filaments were separated by an infiltration of serum; but they had preserved their firmness. The ganglion was yellow, and had a projection not observed on the opposite side. By measuring, on the petrous portion, the size of the nerves of each side, it was found that the one on the left side, which was healthy, was four lines and a half, and the other only three lines. The anterior chamber of the eye had disappeared, by the adhesion of the cornea to the iris.

The coincidence of a *lesion of one of the nerves of the fifth pair*, with the alteration of the *structure* of the *eye* and the *gums*, with the *loss* of the senses of *hearing* and *taste*, is particularly interesting, as it confirms the result obtained by M. Magendie, when he divided the nerves of the fifth pair.

One circumstance that ought not to be forgotten is, that in this patient the muscular filaments of the affected nerve were healthy, and that mastication was not impeded. It is the intention of Mr. Serres to publish this case more in detail.

(From Omodei's Annali Universali di Medicina, *July*, 1824.)

Case of Anasarca during pregnancy, successfully treated by the use of the Catheter. By G. De Felici, Doctor in Philosophy and Medicine. Milan, 1824.

We refer to the original work

the reader who is desirous of learning the mode in which Dr. Felici recommends the study of Hippocrates, and advances his own particular views of the subject of inflammation, counter-irritation, the action of Peruvian bark, &c.; and we shall confine ourselves to the case which forms the principal subject of his book, a case which, for its novelty, deserves to be detailed with some degree of minuteness.

Signora Maria Origgi, 35 years of age, healthy, but of an irritable constitution, the mother of two children, had reason to believe that she had conceived in the month of December, 1817. Shortly after she observed a slight swelling in the feet, which rapidly diffused itself over the thighs, pudenda, loins, and abdomen, and was attended with excessive thirst. On the 2d of February, she was seized with a fever, accompanied with a pricking pain in the left hypogastric region, and numbness of the thigh on the same side; which symptoms were relieved by antiphlogistic remedies, digitalis, repeated bleeding, and emollient fomentations. In the mean time her thirst was insupportable, the anasarca continued to increase, the swelling of the abdomen became enormous, the inclination to void urine was violent, resembling that which occurs in the pains of labour, and the urine came away in drops; the numbness of the left thigh was so great that she could not move it, and it had extended down to the leg. To these symptoms were added continued thirst, great difficulty of respiration, emaciation of the upper extremities, dry cough, difficulty of breathing at night in the horizontal position, a sense of undulation (*on deggiamento*) in the chest on the slightest motion, anasarcous swelling on the back of the hand and right arm, alternating with the left hand and arm, palpitation of the heart, anasarcous suffusion in the face, quick, small, and unequal pulse, hiccup, delirium, &c. In this deplorable state Dr. Felici saw the patient for the first time on the 6th of March. The urgency of the symptoms called upon him to take immediate measures to avert the impending death of the patient; he hesitated for a moment whether he should perform the operation of paracentesis of the abdomen, or introduce a catheter, suspecting, as he did, that the symptoms arose from ischuria. He determined upon the latter course; and to the astonishment of all present, from 13 to 14 pounds of urine came away at once from the bladder. The operation was twice repeated on the same day, and the same quantity of urine was brought away each time; the patient was ordered diluent drinks, and powders of digitalis and nitre to procure the absorption of extravasated fluid. On the morning of the 7th, there was a sensible diminution of some of the symptoms; the hiccup was gone, the patient was more tranquil; the pulse was stronger, but still feverish. In the course of the day, the use of the catheter was repeated three times with the same effect. In the evening, with exception of the fever, which was, however, diminished, and continued thirst, she was greatly amended. The pain in the hypochondriac region was almost gone; she could move her thigh, and the anasarcous swelling of the lower extremities was diminished by one half. The powders had produced nausea, and were omitted. On the following

morning, the patient had some purging medicine, which produced several copious evacuations; the fever and thirst were diminished. The catheter was again used, and the same quantity of urine brought away as on the 6th. Towards mid-day, a delivery took place, which was not followed by any loss of blood; the placenta was expelled the next day, and no lochia were discharged from that time. The use of the catheter was continued on the 9th, 10th, 11th, and 12th, together with emollient clysters and diluents. On the 13th of February, the swelling of the abdomen had nearly disappeared; the swelling of the left thigh was diminishing, and that of the right thigh, leg, and foot, had disappeared; the upper extremities were still anasarcous. In these eight days, 257 pounds of urine were brought away, 14, 15, 16, 17, a sensible diminution of the symptoms; on the 18th, after a copious evacuation from the bowels, the patient expelled, for the first time of her own accord, a considerable quantity of urine. The use of the catheter was continued every four hours to prevent any fresh collection of fluid from dilating the bladder. On the 19th, the patient was free from fever, and gaining strength. On the 31st, she discharged her urine freely, and on the 7th April, she was completely cured, solely, observes Dr. De Ellici, by the use of the catheter in a disease which threatened her life. The author thinks, that the dropsy of the general system was produced by the retention of urine, which not being able to pass through the urethra, was kept in the bladder, thrown back into the ureters, thence into the pelvis of the kidneys, and thus inverted, as it were, the regular course of the lymphatic system. The enormous dilatation of the bladder pressing on the large lymphatic vessels was probably the cause of the rapid extrication of the urine.

In my opinion, observes Omodei, this curious case does honour to the medical art, and to the physician who has communicated it to the public.

[From The Gazette de Sante, September 15.]

Prussic, or hydrocyanic, acid, after having been lauded most extravagantly, seems to be already falling into disuse. This is the common fate of the new medicines. Nevertheless, it cannot be denied that this therapeutic agent has a marked specific action on the functions of respiration; accordingly, it is in diseases of the chest that it has been employed with most success. We find, in the *Nouvelle Bibliotheque*, five cases by M. Bouchenel, which demonstrate its efficacy in chronic pulmonary catarrh. The following are the observations of this author.

The hydrocyanic which I employ, is that which is prepared by the process of M. Gay-Lussac, and diluted with six times its volume of alcohol. I incorporate it in a gummy potion, in the proportion of from four to seven drops to five of the menstruum, of which mixture three or four table-spoonfuls at most, to be taken in the twenty-four hours.

Madame M. in the first case, was attacked, as sometimes happens after an accouchement, with severe inflammation of the mucous membrane of the bronchiæ; she had employed, without success,

the usual remedies indicated in this case; she coughed incessantly, so as to alarm the persons who saw her. The antiphlogistic treatment produced a sensible diminution of the symptoms; but at the end of six days, the cough returned with nearly its original violence. I had then recourse to the hydrocyanic acid; the relief she experienced was remarkable from its very first exhibition, and in ten days her malady entirely disappeared.

Chaudon, the subject of the second case, is a young man, whom I at first believed to be affected with incipient pulmonary consumption, but whom I find free from that malady since the result of the treatment to which I subjected him. This patient was less affected than Madame M., but had not been able to get rid of his cough for upwards of three months; the ordinary remedies which were for some time employed were unavailing, and the hydrocyanic acid had the same success as in the preceding case. I have treated a great number of patients, who, in the same situation as Chaudon, have been cured by the same means, but with less promptitude; most of them after having taken four or five potions have continued to have a slight cough which returned every morning, but which ceased entirely soon after they left off the use of the acid.

Louise Bunouf is one of those patients who have all the exterior marks of phthisis pulmonalis; she at first derived a little relief from the use of the hydrocyanic acid, but it was not until she had taken six potions, and at the end of two months, that the cough entirely ceased. I think this result is to be attributed, not so much to her habitual state of suffering, as to the acute stage in which the malady was when I first attended her. I have very seldom employed the hydrocyanic acid in acute diseases, and those which I have treated in this state have more or less resisted the action of this remedy.

Frank, a young man who is the subject of the fifth case, is a patient whom I treated in the first instance with hydrocyanic acid, in consequence of the obstinacy with which the symptoms had always yielded to the action of ordinary remedies. Three potions, and fifteen days of sedulous attention to his case, were necessary to effect his complete re-establishment.

It results from these cases, First, that the hydrocyanic acid is a very valuable medicine for combating chronic pulmonary catarrh.

Secondly, that this medicine employed in small doses produces no greater inconvenience than a common electuary.

Thirdly, that it ought not to be employed in the acute stage of the disease; and that its success is more certain when recourse has been previously had to the ordinary remedies; which, indeed, is conformable to sound theory.

Case of Intermittent Quotidian Cephalalgia. By Dr. Bobilier.

Madame Blanc, ætat. 21, of a sanguineo-nervous temperament, and subject to hysterical attacks, had a violent cephalalgia on the morning of the twenty-sixth of June last, without knowing what

to attribute it to, except to the intense heat which had succeeded several days of rain. The pain of the head was particularly felt at the occiput, extended toward the forehead, and seemed, said the patient, to screw her brain, as if it were in a vice; this pain was accompanied with a weight and throbbing, the face red, eyes injected and suffused with tears; this state, which had increased from nine o'clock till one, diminished at that time, and towards the close of the day she felt scarcely any pain; on the 27th, at ten in the morning, the same pain returned, with greater intensity. The patient sent for me; I observed that there was no acceleration of the pulse or increase of heat in the skin, except about the head; for her face was red, and the arteries of the temples beat strongly; she felt lassitude and numbness in the limbs. The excitability of the sight and hearing was increased, the tongue was rather white, and she felt, from time to time, slight nausea. I advised low diet, pediluvium with mustard, and the application of cloths steeped in cold water to the head. She was a little relieved as on the preceding day, slept towards evening, and awoke without feeling any pain.

On the 28th, this cephalalgia having again returned with the same phenomena, I no longer doubted that it was intermittent; during the paroxysm I applied 12 leeches behind the ears, and immediately after I ordered 12 grains of the sulphate of quinine to be taken in six doses, at intervals of two hours. This attack was shorter than the preceding, on the 29th no symptom of the malady remained, and MADAME BLANC has since continued in good health.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

A Case of Popliteal Aneurism.

J. H., aged 30, a man of regular habits, came into this hospital on Wednesday, Sept. 29th, under the care of Sir ASTLEY COOPER, with a large pulsating tumour in his left ham.

He stated that he felt a little numbness in his leg for about two years, but never discovered any swelling there until within the last six weeks, since which time it has been gradually increasing, and this induced him to come into the hospital.

He was examined by Mr. MORGAN, who took in the patients for Sir ASTLEY, and immediately said that it was an aneurism of the popliteal artery. The nature of the disease was pointed out to him, and also the necessity of having an operation performed, to which he consented, and it was agreed to have it done on the following Tuesday.

He was merely ordered to take the house medicine occasionally, and to keep his bed.

On the following Sunday the dresser, Mr. BUTLER, when he looked at the tumour, imagined that it was larger than on the former day; and on the same evening, the increase in size was more decided, and appeared to extend more towards the thigh. However, it was not considered necessary to send for the surgeon, and the spirit-wash was merely laid over it.

On the Monday morning, the size of the swelling was alarming, and the integuments were ren-

dered tense and slightly discoloured. Mr. KEY was immediately sent for, who decided on the necessity of having the operation immediately performed. The tumour had materially increased from the morning to the time of Mr. KEY's arrival. The thigh was about twice the size of the opposite one, the swelling reached nearly as high as the groin, and the integuments had a slight yellow tinge. The parts below the knee had a natural appearance, and were of the natural size. The patient had very little feeling in the parts, and the limb seemed so heavy that he could not move it. The aneurismal sac had given way, and the effused blood produced the distention we have described.

At twelve o'clock, he was brought into the operating theatre, and Mr. KEY performed the operation for Sir ASTLEY, who could not attend.

The limb was laid on its outer side, and semiflexed; Mr. KEY then made an incision about three inches in length over the course of the artery in the middle third of the thigh; this incision divided the integuments and the distended cellular membrane, and at once clearly exposed the fascia lata. This was divided, and the inner edge of the sartorius brought into view, the appearance of this muscle was rather puzzling, some of the blood which escaped from the sac had insinuated itself between the fibres of the muscle, and had a blackish appearance; in addition to this, it had been increased in size by the distention of the fibres, and thus extended further over the femoral sheath than is usual, so that it required to be pulled considerably outward to see the sheath, and was afterwards held toward the outer side of the wound by a director.

The sheath was carefully scratched through, and after a little separation, the needle was passed under the vessel, and was then secured by one ligature.

The edges of the wound were brought together by straps of adhesive plaster, the limb afterwards laid on its outer side and enveloped in flannel. After the man was put to bed, the pulse was feeble and about 80. The temperature of the limb, on the same evening, was rather higher than natural.

Oct. 5. The patient has had a very restless night, and slept only two hours; tongue fevered, and the temperature of the limb still keeps up. Took this morning one ounce of castor oil. This case will be continued, to show the variations of temperature, and the time required for the absorption of the swelling.

Dreadful Accident.

As a large party of bricklayers and their assistants were undermining a high wall, forming part of an old soap manufactory, near Waterloo bridge, on the Borough side; it fell suddenly with a tremendous crash, and enveloped the labourers in the ruins.

Five of the men who were first extricated were sent immediately to the Borough Hospitals, three were taken to Guy's and two to St. Thomas's, but it was found that one of each party had died before his arrival. Of the two survivors at Guy's, one had a very bad compound fracture of the tibia with considerable projection of the bone. The fracture was reduced with difficulty, and se-

rious hæmorrhage occurred during the night, which could not be commanded by pressure, and therefore required the application of the tourniquet, which was gradually loosened, and up to five o'clock on Tuesday evening, the hæmorrhage had not returned.

The other was a case of simple fracture of the tibia, which is going on well.

The second patient taken into St. Thomas's Hospital had only a lacerated wound of the scalp, and some inconsiderable bruises.

The other accidents received this week are, a contused wound of the leg; a fracture of the tibia; a lacerated wound of the fore-arm; and a fracture of the ribs; a case also of gunshot wound, and a case of extravasation of urine.

The other operations performed here this week, are the removal of the wrist joint, by Mr. KEY. This was rendered necessary by a lacerated wound of the hand, with fracture of the carpal and metacarpal bones, and compound dislocation of the thumb; the tendons were also very much torn. The accident was produced by the bursting of a gun, which was charged with a double quantity of powder in order to prove it.

The semilunar incisions were made, one on the fore and the other on the back part of the hand, and then dissected back. The joint was laid open by cutting through the external lateral ligament and capsule, and the knife passed afterwards through the joint to the internal lateral ligament which was then also divided. The radial and ulna, with a branch of the posterior interosseal arteries were secured, and the flaps brought together in the usual way.

ST. THOMAS'S HOSPITAL.

Continuation of the Case of Rheumatic Inflammation and Purulent Ophthalmia, after the Suppression of a Gonorrhœa, from fol. 404. Vol. iv.

Sept. 23rd. The pains in the limbs, and more especially in the knees, have very much subsided since our last visit on the 21st. The discharge from the urethra has increased, it is rather a thin gleety fluid. He sleeps much better than before.

25th. Continues to improve as to his general health and the pains in his joints. Tongue getting moist, and his pulse is 80 and soft. Takes a little aperient medicine to regulate his bowels.

27th. The discharge has diminished very much since Saturday; and, he says, he did not sleep so well last night as on the four preceding. Skin rather hot. Takes *of the solution of acetate of ammonia one ounce, with twenty drops of antimonial wine.*

30th. The feverish symptoms have subsided; his tongue is clear and moist; pulse tranquil; skin of the natural temperature. He takes occasionally one ounce of castor oil to avoid constipation, and has left off his other medicine. The discharge and the pains in the limbs have not re-appeared.

A Case of Fungous and Hydatid Disease of the Right Testicle.

G. B., aged as he says 30, but having more the appearance of a man of 40, was admitted into Isaac's ward on Sept. 30th, under the care of Mr. TRAVERS.

He states, that he had a complaint in his testicle about two

years since, but that at its commencement there was no peculiar hardness, or any redness of the part that he could discover; and the circumstance which first called his attention to the part was an increase in its size. That a few months since, he was in the London Hospital, under the care of Mr. HEADINGTON, and had leeches and cold applications applied without deriving any benefit.

Within the last six weeks, the tumour has rapidly increased in size, but is not very painful. The scrotum appears distended, and, at the same time, adherent to the surface of the testicle, and on its surface are several enlarged veins. The tumour is about ten inches in circumference, irregular in figure, soft in some parts, firm in others; and feels rather heavy. The cord is free. The general health suffers; the tongue is furred, and the patient cannot sleep at night. Countenance rather sallow, and has an anxious expression.

He takes a little aperient medicine, and will have the part removed in a few days.

The principal accidents received this week are a fracture of the humerus, with a dislocation of the same arm; a fracture of the tibia; a contusion of the hip; and a lacerated wound of the scalp.

No operations have been performed here this week. A child was brought into the theatre to have the operation performed for stone by Mr. GREEN; but as Mr. TRAVERS, and the other surgeons present, could not satisfy themselves of its existence, it was thought advisable to *postpone it.*

MIDDLESEX HOSPITAL.

Case of a Gun-shot Wound of the Throat.

Sept. 6. M. M., a robust healthy woman, ætat. 34, admitted about 12 o'clock, with an irregular wound, approaching to a triangular shape, about half an inch above the clavicle on the right side of the neck, produced by the wadding of a projectile, (the nature of which at the time of her admission was not ascertained,*) which had penetrated the integuments at the situation above described, and between the sterno-cleido-mastoid and the platysma myoides muscles. The wadding, which was afterwards discovered to have been tow, had not proceeded deep, but had taken a direction about three inches in length, under the integuments laterally and upwards, where it distended and elevated the integuments; the wound was enlarged by an incision outwards, and a piece of tow, about the size of a pullet's egg, extracted by the forceps. The hæmorrhage previously to her admission was said to have been considerable, but after her arrival here was very trifling, and no large vessel appeared to have been injured. Her respiration at the time of her admission was considerably affected, and she had several syncopic fits, from which, however, she soon recovered. The wound was dressed with lint, some of which had been previously oiled.

℞. *Antimonii tartarizati*, gr. ¼.
Magnesiæ sulphatis, ʒj.
Aq. menthæ sativæ ʒiss. 6*tis horis.*

* It was afterwards found to have been an iron cannon of nearly an inch calibre.

In the evening there had been no hæmorrhage, and the patient was comfortable and composed.

7th. No bad symptoms. Had an enema, and cold applications to the dressings.

9th. Pulse very feeble; tongue furred and yellow; pain in the head and flushed countenance, with a blush of inflammation surrounding the wound; bowels very much relaxed; cold applications to the wound, *et capiat*

Mist. cretæ
Mist. camph. a.a. ʒ vi.
Tr. catechu, ʒj. *post singulas sedes liquidas.*

10th. Pulse 90, very feeble; tongue furred; bowels more comfortable by the mixture, of which, however, she has taken but few doses. The shoulder and integuments down to the mamma of the affected side are much swollen and inflamed, and apparently erysipelatous; great pain in the neighbourhood of the wound and in the axilla, so that she can with difficulty move the arm.

℞. *Sodæ carb.*
Acid citric a.a. ℈ j.
ex julep. menthæ ʒ iss. *4tis.*

12th. Erysipelatous blush and tension around the wound, superior part of the right mamma, and in the axilla; countenance flushed; pulse very feeble and indistinct, about 100; has a troublesome cough and head-ache, the latter being, as she asserts, produced by the former: respiration difficult.

℞. *Syr. papav.*
Oxymel. scillæ, a.a. ʒj.
Liq. ammon. acet. ʒ iv.
Aquæ ʒj. *fiat haustus 6tis horis sumendus.*

13th. To-day there is no particular alteration. The shoulder and surrounding parts on the affected side are still much inflamed, and her respiration difficult. Pain in the head rather diminished.

℞. *Tr. Camphoræ comp.* ʒj.
Sp. ætheris nit. ʒj.
Aq. menthæ ʒ iss. *fiat haustus hora somni sumendus.*

In the evening the difficulty of breathing and cough were reported to have increased, when several ounces of blood were taken from the arm, by which, however, it is probable, the patient was not much benefited. During the night she miscarried, and an alarming hæmorrhage followed, which for some time resisted all attempts at suppression. The next morning (14th) her pulse was scarcely perceptible, respiration oppressed and difficult, skin covered with a profuse and cold perspiration. At this period, the flooding had nearly ceased. About 2 o'clock the pulse could not be felt, and her extremities were becoming cold. Wine was ordered her, and the following mixture:

℞. *Cetacei scrupulum, vitello ovi solutum; deinde adde Sp. æther. sulph. comp.* ʒ ss.
Ammoniæ carbonatis, gr. v.
Syrupi papaveris ʒ ss.
Misturæ camphoræ ʒj. *fiat haustus tertiis horis capiendus.*

In the evening there was but little alteration. Some egg wine and brandy were ordered her.

15th. This morning her pulse cannot be felt. The hæmorrhage from the uterus has entirely ceased, the patient, however, has that appearance, which indicates its cessation to be the effect of exhaustion. Extremities cold, and profuse perspiration on the surface as yesterday. In the evening her pulse could be felt with attention, but was hardly percep-

tible, and about 160 or 170 in the minute. Her extremities were rather warmer, her respiration was hurried and extremely difficult; at this period she did not appear to be quite sensible. She died the next morning at ten o'clock.

The examination of the body, which was superficial proved nothing respecting the cause of the death of the patient, which was obviously excessive hæmorrhage. The fœtus was about four months old.

There have been a few minor operations at this hospital lately; and last week Mr. BELL performed the operation for strangulated femoral hernia. The case will be inserted in our next Number.

Monthly Return, Sept. 1 to 30 inclusive.

In-patients admitted by letter	92	122
Do. accidents - - - -	30	
Out-patients admitted by letter - - - - -	144	259
Do. accidents - - - -	115	
In-patients discharged -	118	
Remaining in the hospital	192	

WESTMINSTER HOSPITAL.

The only accident of importance since our last report, is a fracture of the clavicle. Mr. GUTHRIE, when noticing this case, observed that the cure depended entirely on the proper application of the bandages, which ought, in all accidents about the shoulder or chest, to be removed and applied again every two days at farthest, because the chest being continually in motion in the action of the respiratory organs, a constant slackening of the bandages is produced, when they consequently prove of no utility.

MORE HOLE AND CORNER DOINGS.

Mr. TRAVERS has declined to pay the guinea for his dinner, and some other expenses alleged to have been incurred by him as one of the stewards at the last anniversary of St. Thomas's and Guy's Hospitals, on the ground that he gratuitously discharged the arduous duties of chairman on that occasion. His share of the reckoning has accordingly been paid by equal contributions from the other stewards. Such of our readers as recollect Mr. TRAVERS's speeches, (*Vide* THE LANCET, Vol. II., p. 90), will probably be of opinion that he lost quite enough by attending that anniversary, without being called upon to pay for his dinner. Mr. TRAVERS, it seems, maintains that a chairman never pays; his colleagues, on the other hand, insist, that as a chairman is not charged in the bill with the waiters, he has no right to dine at their expense. We will not attempt to decide this important dispute, but we cannot help thinking that Mr. TRAVERS would have acted with better taste and discretion, if he had paid his share of the dinner expenses, which amounted, we understand, to a sum not exceeding 5*l.*

We should not have alluded to this subject, if it had not been an affair of general conversation in the Borough, and if we had not heard one of the stewards say to another, in the squares of St. Thomas's Hospital, "Come, I want ten shillings of you; that being your share of Mr. TRAVERS's dinner expenses.

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